4051

CERTIFICATE OF DEATH

		FOR MEDICAL	L EXAMINERS	Reg. Dist.	No. 302
I. PLACE OF DEAT COUNTY Wa	skington	MARYLAND	2. USUAL RESIDENCE (I	.nd coun	Wasr.
OR give neare TOWN Hage	corporate limits, write RUR st town) I'S town	AL and LENGTH OF STAY (in this piace) (in this piace)	CITY (If outside corpor OR TOWN Hagers	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDR	OR O		STREET ADDRESS Court	(If rural, give location)	1
3. NAME OF DECEASED (Type or Print)	(First) ELTON	(Middle) CARL	(Last) ADAMS	4. DATE (Month) OF DEATH April	(Day) (Year) 19 19 5
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	July 19, 1870	9. AGE last birthday If und Mort	ler i year If under 24 hr hs Days Hours Min
done during most of	PATION (Give kind of work working life, even if retired)		Near Shady Gro	the same of the sa	12. CITIZEN OF WHAT
13. FATHER'S NA	leorge Adams				
15. WAS DECKASED	EVER IN U.S. ARMED FORCES () (If yes, give war or dates		Harriett	Ankeney Clearspi	ring Marrian
	, service)	18. MEDICAL CF		Altheries Clear Spi	TIR Mary Lan
	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Diseases of giving rise	ent cause(s)		rotic myocard: dis mary occlusio	ease	5 min
Conditions contri	FICANT CONDITIONS buting to the death but not ease or condition causing deat	th.			
19a. DATE OF OP None		FINDINGS OF OPERATION			20. AUTOPSY1
21. EXTERNAL C. PRIMARY OR C CAUSE OF DEAT	AUSE WAS PLA OF OF INJURY	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN) (COUNT	(STATE)
TIME (Month) OF INJURY NO	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work □ at work □	HOW DID INJURY OC	CUR?	
obtained by s.	uid Autopsy, Laspection o	nins described above, held an a rainguiry, find that said deco	eased died on the day state undetermined ADDRESS	Inquiry thereon and above, and death in m	y opinion resulted DATE SIGNED
RIAL CRES	ncify)	NAME OF CEMETE	RY OR CREMATORY I	LOCATION (City, town, or co	unty) (State)
Ofto 21.1		SIGNATURE DESCRIPTION OF THE STORY OF THE ST	24. FUNERAL DIRECTO	Sons Hagerstown,	ADDRESS

LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is expecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING I

S. Alba

DECENEU

APR 26 1955

BUREAU V. S.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully.

VS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4()4;452 CERTIFICATE OF DEATH

CENTIFICATI	Reg. Dist. No. 302				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Washington MARYLAND	STATE Maryland county Washington				
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)				
OR and give nearest town) (in this place) OBTOWN Hagerstown 16 weeks	TOWN Hagerstown.				
HOSPITAL OR	STREET (If rural give location)				
S/ STREET ADDRESS Washington County Hospital	Maryland, Hotel				
DESTACES	(Last) 4. DATE (Month) (Day) (Year)				
(Type or Print) LEONARD LOVELAND ALD	RICH OF April 22 1955				
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.				
male white (Specify):widowed April	5, 1873 82 yrs. Months Days Hours Min.				
IOA. USUAL OCCUPATION (Give kind of IOB KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
work done during most of working life. OR INDUSTRY: even if retired): Harness Maker Emmert's Hardware	Toledo, Ohio COUNTRY? U.S.A.				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Abner Aldrich	Olive Trail				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
(Yes, no, or unk.) (If Yes, give, year or dates of service) HNXNOWN 334-03-7201	Mrs. Olive Stone St. Louis, Missouri				
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH					
181X P.	ONSET AND DEATH				
IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, CHAINED BISE TO THE ABOVE FAILER (B) CANADA OF BISE TO THE ABOVE FAILER (B) CANADA OF BISE TO THE ABOVE FAILER (B)					
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS, IF ANY, (B) Carrier	a y bladder à las.				
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	relative.				
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PARTY	1 · formaline				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	16/18C				
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?				
	YES NO				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)				
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?				
OF INJURY M. at work at work					
22. I hereby certify that I attended the deceased from 2	1 1949 to Anii 2 2 195 That I last saw the deceased				
alive onlysis 22, 1955, and that death occurred at					
SIGNATURE SIGNATURE	ADDRESS DATE SIGNED				
2 ASaillent	1.0. Hamolin mc 4/23/55				
23. BURIAL, CREMATION, DATE THEREOF / NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)				
Burial 4/26/55 Memorial Par					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS.				
BESTRAR 3,1955 BEALL TOURS	C. M. Suter & Sons Hagerstown, Maryland				



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Supply every item of information carefully.

UNFADING INK.

WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4053 CERTIFICATE OF DEATH CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:	
CITY (If outside corporate limits, write RURAL or stay and give nearest town) TOWN Hagerstown CITY (If outside corporate limits, write RURAL (in this place) and give nearest town)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
	STREET (If rural give location)	1	
8/ STREET ADDRESS Washington County Hospital	ADDRESS 252 Bellview Ave.	•	
DECEASED: MYRTIE MARY	ALLEN OF APPIL 2	(Year) 19 55	
(Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday 15 UNDER 1 YI	19	
female White (Specify): Divorced Septem	nber 31,1877 77 yrs. Manths 12	Hours Min.	
10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
10A USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) Housewife	Dry Run, Maryland	U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
To loss Chinasii de a	Henrietta Hitchcock		
JOAN SUFLES 15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
Yes, no, or unk.) (If Yes, give war or dates none	Mrs. Gladys Shaw Hagerstown,	Manuelland	
of service)		and the same of th	
18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 0 0 00.1011	AID DEATH	
IMMEDIATE CAUSE (A)	vascular. Hurory	this	
IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	vascular Colleges	·4	
DISEASES OR CONDITIONS, IF ANY, (B)	Man War War	MAA.	
GIVING RISE TO THE ABOVE CAUSE DUE TO		7	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.	NI		
	N	YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	tory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
M. at work at work			
	, 19 J, to MM, 19 that I last	saw the deceased	
00	//: MM, from the causes and on the date :		
	ADDRESS DAT	E SIGNED	
SIGNATURE SIGNATURE MAME OF CEMET NAME OF CEMET	10. 119 E. antietan	13701	
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)	
Burial 4/26/55 St. Paul Cer			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS Marrel and	

BUREAU V. S.

APR 27 1955

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VS. A15-10-53

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Ror	Dist.	No	3	07,
Reg.	Dist.	INO.	-	- V.

4 54 CERTIFICAT	E OF DEATH Reg. Dist. No. 3020
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:
COUNTY Washington MARYLAND	STATE Marylandcounty Washington
COUNTY Washington MARYLAND CITY (If outside corporate finits, write RURAL CITY (In this place)	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town (in this place)	OR
13 TOWN (Clear Spring) Life	Town Clear Spring X
HOSPITAL OR Dead on Arrival	STREET (If rural give location)
ALISTREET ADDRESS	Cumberland St.
Washington Co. Hospital 3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	OF
(Type or Print) Hattie Belle Ank 5. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DATE	eney DEATH: April 2, 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
(Specify):	h 5 7000 75 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
work done during most of working life, even if retired):	COUNTRY?
	Clear Spring Disc. U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Tarab Carrage	Martha Alice Doub
JOSEPH GATUET	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	
No of service) None	Clyde Ankeney
18. MEDICAL CERTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
331X	had Herrina Variable 10
IMMEDIATE CAUSE (A)	val mornage fuelde
ANTECEDENT CAUSE (S)	A A D
DISEASES OR CONDITIONS, IF ANY, (B) MYSOL	Mensure Victorous 10 yrs
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
	YES NO
ACCIDENT WAS UNDERLYING TO 215 PLACE (Home form for	ctory. 21c. WHERE DID (City or town) (County) (State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bidg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	D 21F. HOW DID INJURY OCCUR?
OF INJURY M. at work Not while at work	
	15 10/5 1/1/2 10/5/57 171
	2, 1955, to 4/2, 1955 that I last saw the deceased
alive on 1901, 1955, and that death occurred a	t 3.30 M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
navar rewer	M.D. Clear Joring Md. 4/4
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State
Rurial April 5, 1955 St.	Pauls Cem. Clear Spring, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/10:4.1955 Bush 120even	advance A. Kawland



Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4055

Dr. Hirshman CERTIFICATE	E OF DEATH Reg. Dist.	No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Washington MARYLAND	state Maryland county Wash	ington
CITY (If outside corporate limits, write RURAL OR and give nearest town) Hagerstown LENGTH OF STAY (in this place) 12 hrs.	CITY(If outside corporate limits, write RURAL at OR Hagerstown	
HOSPITAL OR Washington Co. Hospital	STREET (If rural give location) ADDRESS 615 Salem Ave.	1
DECEASED: (Type or Print) CHARLES WILLIAM BART	OF	(Yesr) 1, 19 55
Male White Specify: Married Octo	ber 14.1911 43 yrs.	ays Hours Min.
work done during most of working life. even if retired): Dispatch Station Operator	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Harry Barton	Ella Smith	
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Mrs. Edith Barton	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH H 20, IMMEDIATE CAUSE (A) Heure May	ocordial inforction	ONSET AND DEATH
ANTECEDENT CAUSE (S) DUE TO Comb	y occlusion	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
SIGNATURE	√30 M, from the causes and on the date s	
23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State
Burial 4-4-55 Rose Hil		ADDRESS

MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. A15

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BUREAU V. S.

	carefully.	legibly.
1	information	clearly and
	item of	of death
BINDING	, WITH UNFADING INK. Supply every item of information carefully.	ant. Physicians: please write the causes of death clearly and legibly.
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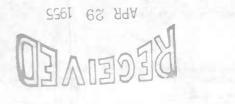
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	OR
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- 10	PLEASE TYPE OR

VS. A15-

4.56 CERTIFICATI	E OF DEATH Reg. Dist	. No. 302
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE Mazyland COUNTY Wash	ington
CITY (If outside corporate limits, write RURAL and give nearest town) Hagerstown LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Hagers town	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1400 Potomac Ave.	STREET (If rural give location) ADDRESS 1400 Potomac Ave	
DECEASED	OF	Day) (Year)
(Type or Print) LEONA LILLIAN BERKSON 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, (Specify Married Nov.	OF BIRTH: 9. AGE iast birthday Months I	
work done during most of working life, even if retired): Housewife Own Home	Hanover, Penna. U	CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAME: Lewis Stumbaugh	14. MOTHER'S MAIDEN NAME: Luct Tyston	
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Moses Berkson	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARDIATE CAUSE ANTECEDENT CAUSE (S) 18. MEDICAL CERTIFICAT (A) DUE TO	ting array	INTERVAL BETWEEN ONSET AND DEATH
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	aumin CV, pe	years
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
OF INJURY OF INJURY OF INJURY ODAY (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
	A. M, from the causes and on the date ADDRESS	stated above.
REMOVAL (SPECIFY)	Cemetery Hagerstown.	

24. FUNERAL DIRECTOR

Andrew K. Coffman-Hagerstown, Md.



BUREAU V. S.

Gala Length Brown

4057

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DEC	EASED:
COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		STATE Maryland COUNTY Washington CITYIII outside corporate limits, write RURAL and give nearest town)	
OR and give nearest town)	and give nearest town) (in this place) OR		03
HOSPITAL OR	1 day	STREET (If rural give loc	
%/ INSTITUTION OR Washington C		429 Mechanic Stre	et
3. NAME OF (First) DECEASED: (Type or Print) BUFORD		(Last) 4. DATE (Month) OF DEATH: April	(Day) (Yesr) 4 1955
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify)	ED DIVORCED	OF BIRTH: 9. AGE last birthday IF UN	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life,	B. KIND OF BUSINESS OR INDUSTRY: stern Md. R.R.	II. BIRTHPLACE (State or foreign country): Kesseltown, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	Joesii Ilde Itelte	14. MOTHER'S MAIDEN NAME:	U O O O O O O
Charles O. Black		Phoebe J. Berry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, kive war or dates of service)	none	Howard M. Black Hagerstov	on, Maryland
I DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CERTIFICAT LEADING TO DEATH	ION	INTERVAL BETWEEN
420.0			
IMMEDIATE CAUSE		Thrombosis	15 hrs
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arterioscle	erotic Heart Disease	2 yrs.
	(C)		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	THE MONEY		
	FINDINGS OF OPERATION	V	20. AUTOPSY?
None			YES NO NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER)		etc. INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended th	e deceased from Apr.	4 , 1955 to Apr. 4 , 1955, that 1	last saw the deceased
alive on Apr. 4, 1955, and SIGNATURE William	that death occurred at	10:35M, from the causes and on the ADDRESS 100 Professional Arts PHagerstown Maryland ERY OR CREMATORY LOCATION (City, to) emetery Hagerstown.	date stated above. DATE SIGNED Bldg
23. BURIAL, CREMATION, DATE THERECORES BURIAL (SPECIFY) BURIAL 4/7/55	Rose Hill Co	emetery Hagerstown, I	wash, Maryland
DATE REC'D BY LOCAL REGISTRAR'S	Bowers	C. M. Suter & Sons Hagers	town, Maryland

MARGIN RESERVED FOR BINDING

Supply every item of information carefully.

S. A15-10-53

OR WRITE PLAINLY,

TYPE

PLEASE

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APR 12 1955

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

4058

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

302 Reg. Digt. No.

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Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

WITH UNFADING INK.

FLEASE WRITE PLAINLY.

5.

I. PLACE OF DEATI			2. USUAL RESIDENCE (HOME) OF DECEASE	D·	
Washington MARYLAND			STATE Maryland Washington			
CITY (If outside co	ornorate limita write DIID	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURA	L and give nearest town)	
O30R give nearest	Hagerstown	(in this place)		erstown	0 8	
HOSPITAL OR		1 2	STREET	(If rural, give los	estion)	
INSTITUTION OF	SS 218 Namth D.	otomac Street	ADDRESS 27 8 M			
3. NAME OF	(First)	(Middle)	(Last)	orth Potomac		
DECEASED			·	4. DATE (Mo	()	
(Type or Print) 5. SEX	Lawrence 6. COLOR OR RACE	Dewey	Bonbrake 18. DATE OF BIRTH		or. 9 1955	
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	2-16-1899	9. AGE last birthday 56 yrs.	If under I year If under 24 hrs Months Days Hours Min.	
done during most of	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	1 12. CITIZEN OF WHAT	
Aeronauti	cal Engineer	Fairchild's	Woodston, Ka	nsas	COUNTRYZ	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	1 0000111	
Ge	eorge Roy Bonk	orake	Mabel Mac	ev		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND A			
(1em, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	1456-16-2404	I C Borde	n. Langley Fi	eld Va	
		18. MEDICAL CE		ii. Langtey F.	eru, va.	
I DISEASES OR CO	NDITIONS DIRECTLY				INTERVAL BETWEEN	
コカウ ウ	MULLIONS DIRECTEL	LEADING TO DEATH			ONSET AND DEATH	
Immediate	2 (2)					
Milliculate	cause \"			******************************	*** *** *** *** *** *** *** *** *** **	
Anteceden		acut	e alcoholic nare	cosis	5hrs	
Diseases or c	onditions, if any, (b)					
stating the u	nderlying cause last					
	(c)					
H. OTHER SIGNIFIC	CANT CONDITIONS ting to the death but not					
related to the diseas	e or condition causing deat					
19a. DATE OF OPE	RATION 19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?	
none	-				Yes No 🛣	
21. EXTERNAL CAU PRIMARY COR CO	ISE WAS PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (Co	OUNTY) (STATE)	
CAUSE OF DEATH	. INJU	RY none	-			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	-	
	one m.	While at Not while work □ at work □	- Com			
22. I certify that I	took charge of the rema	ins described above, held an A Inquiry, find that said dece	utopsy , Inspection	, Inquiry therec	n and from the evidence	
from: natural	causes X. accident	, suicide , homicide ,	asea area on the ary state	d above, and death	in my opinion resulted	
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED	
dRP	5/ headon 5	PHTY MEDICAL EXAM.	37			
1 , olus	" mells "	1 12 CO MD . 115	N. Potomac St-	Hagerstown,	Md. 4-11-55	
22 RIAL, GREMA REMOVAL (Speci	[17]	NAME OF CEMETE	RY OR CREMATORY I	LOCATION (City, town,	or county) (State)	
Rurial	14-13-1955	Ashrock Ceme	etery	Woodston	Kansas	
DATE REC'D BY L		SIGNATURE	24. FUNERAL DIRECTO		ADDRESS	
CAUS. 11.195	55 6 MASI	Bowers	C. M. Suter &	Sons, Hagers	town. Md.	
1			. J. 111 Davoz &			

APR 13 1955

BUREAU V. S.

Minnich & Son Hag.

Md.

A15

RECEIVED

2561 31 AAA

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

4104	Reg. Dist.	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	ngton
county Washington MARYLAND	STATE Maryland COUN	TY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Sharpsburg Md.	CITY (If outside corporate limits, write RURAL ar OR TOWN Sharpsburg Md.	nd give nearest town
HOSPITAL OR	STREET (If rural give location)	1
OD STREET ADDRESS Sharpsburg Md.	ADDRESS Sharpsburg Md.	
(a) pe de l'ilité)	(Last) 4. DATE (Month) (Day OF DEATH: April 23	1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE iast birthday: If under 1 your Months Da	EAR IF UNDER 24 HRS.
Female White (Specify) Widowed Aug.		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWITE HOME	Locust Grove Md.	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Henry Morrison	Sophia Hines	
/V I / I / I / V I	. INFORMANT & ADDRESS:	
No service) No None	irs. LutherJones Thomasvill	e Ra.
18. MEDICAL CERTIFICATI	ION	Interval Betwee
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 X Immediate cause (a) Cerebral	hemorrhage four	Onset And Deat
DUE TO	cardio-vascular disease	5 Vezzs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronical Chronic	c cholecystitis.	5 Yrs.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street off off office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work □ At Work □	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947	. 19 to 4/23 , 19.55, that I last	saw the deceased
alive on 4/23, 19 55 and that death occurred at 1.	1:45 P. Mefrom the causes and on the date	stated above. ATE SIGNED 5/55.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BURIAL (Specify) April 27-55 Locust Green	OVE LOCATION (City, town, or co	ounty) (State)
DATE REC'D BY LOCAL HEGISTRAR'S SIGNATURE	Edith V. Leaf "illiamsport	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Hagerstown, Md.

24. FUNERAL DIRECTOR

Fred W. Kraiss

ADDRESS

4^59 CERTIFIC	CATE OF DEAT	H Reg. Dis	st. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME.) OF DECEAS	ED:
COUNTY Washington MARYLAND	STATE Md.	COUNTY Was	hington
COUNTY WASNINGTON MARYLAND CITY (If outside corporate limits, write RURAL LENGTH C	SIAIL	rporate limits, write RURAL	
OR and give nearest town) (in this	place) OR		
Hagerstown 4 days	STREET	gerstown (If rural give location	03
INSTITUTION OR STREET ADDRESS Washington Co. Hospital	ADDRESS	3 Dewey Ave.	/
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Preston	Cearfoss	OF DEATH: 4	22 19 55
	. DATE OF BIRTH: 9.	AGE last birthday IF UNDER	
male white Specify married Ju	ne 23, 1902	52 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSI		ate or foreign country): 12	
work done during most of working life. OR INDUSTRY: even if retired): salesman Keller Stonebr	aker Cearfoss,	Md.	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIL		0 0 10 02% 0
Harry V. Cearfoss	Sarah J. No. 17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates			
no of service) 214-09-323	Mrs. Mary Cea	rfoss Hagersto	wn, Md.
18. MEDICAL CER			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH O		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cer	elisal ambali	an	3 days
DUE TO		• 0	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B)	Tris Myscarlin	l'acteration	5 days
GIVING RISE TO THE ABOVE CAUSE DUE TO			
STATING UNDERLYING CAUSE LAST.	Q. Trainsolut	14011 10000	5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a de la	C March Whatever	
TO THE DEATH BUT NOT RELATED TO THE	E Charles in Chlis	tiana Leas	2
DISEASE OR CONDITION CAUSING DEATH.	ERATION		
102. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	ZIIATTON		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of			nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OC OF INJURY M. At work at w.	while	JURY OCCUR?	
22. I hereby certify that I attended the deceased from	9-18, 1951 to apr	22, 195s, that I la	st saw the deceased
alive on 22 22 1955, and that death occu			
SIGNATURE	ADDRESS	causes and on the date	ATE SIGNED.
Dalton m. (1) otto	M.D. Hages	stown !	4/23/50
23. BURIAL, CREMATION, DATE THEREOF NAME OF	CEMETERY OR CREMATORY	LOCATION (City, town,	or county) (State)
REMOVAL (SPECIFY)	Tabor Cemetery	Fairmin	Wa.
Dur Tat	ranor, cemerera	Fairview	Md.

A15-10-53

VS.

REC'D BY LOCAL



APR 26 1955

BUREAU V. S.

VS. A15

4195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 3 Case

04053

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0.4
MARILAND MARILAND	CITY (If quiside corporate limits, write RURAL and give	R.V.
CITY (If outside corporate limits, write RURAL and Cin this place) OR give a real town) OR give a real town)	TOWN 17131-+1715 12 W1	985 X - 3,
HOSPITAL OR	STREET (If rural, give location)	·
INSTITUTION OR STREET ADDRESS Chaplin St	ADDRESS 2255 Winche	ster-Aye
3. NAME OF DECKASED (First) 12 1-1 2 (Middle) (Middle)	(Last) 4. DATE (Month) OF DEATH 4	(Day) (Year) 2 3 1955
5. SEX 6. COLOR, OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. 136 W.	1 0-1 10 1000 7 7 Months	year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIEBN OF WHAT
done Aufing most of working life, even M retired). INDUSTRY	Clark.Co. Va. 10	COUNTEST? A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Syvester Clark	Roda Flenz (lark	
15. Was Decraved Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) [service]	MACH HULL Sharp	Slowes
18. MEDICAL CE	RTIFICATION	-
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
157× Immediate cause (a) CARCINOMA	HEAD OF PANCREASE	3 20045
Antecedent canse(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		## 10 ht dd -cc canno c canno c canno canno canno canno
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
		Yes No 17
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, strest, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Jacky	, 1957 to 23 April, 1955, that I last as	w the deceased
alive on 23 Apr., 1955, and that death occurred at	5.15 Pm., from the causes and on the date sta	ted above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
They hatan	Leplands John WV 4 23	Apr. 155
23. BURIAL CREMATION DATE THEREOF NAME OF COMETA	RY OF GRENATORY D LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL AUGISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS WV
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.112 DK 12

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BUREAU V. S.

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	PLEASE

VS. A15 8-51

MARYLAND STATE DEPARTMEN	IT OF HEALTH—BALTIMORE, 18 0.4054	
4108 CERTIFICATE	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington MARYLAND	STATEMary land COUNTY Washington	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town	n)
X TOWN Williams port Maryland 7 days	TOWN Williamsport, Maryland)	<
HOSPITAL OR WILLIAM Sport Sanitarium INSTITUTION OR STREET ADDRESS 154 N. Hrtiza N St.	STREET AS Verment St.	
	(Last) 4. DATE (Month) (Day) (Year OF DEATH: April 18 1955	35 9 m.
, RACE: WIDOWED, DIVORÇED,	7 10 13	HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired linter Painter	11. BIRTHPLACE (State or Toreign country): 12. CITIZEN OF W. COUNTRY? Williams port, Md. CU.S. H 14. MOTHER'S MAIDEN NAME:	HAT
13. FATHER'S NAME: John Conley	Bessie Gruber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17.	INFORMANT & ADDRESS: Williamsport of Str. Herbert-Cowley. 22 Vermont S	
	CERTIFICATION INTERVAL BETWOONSET AND DEA	EEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	7 Layrx 142	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY:	
21. ACCIDENT (Specify) PLACE (Home, farm factory, street, OF office bldg., etc.)		X _
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work □ at work □	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	739 P.m., from the causes and on the date stated above.	

BUREAU V. S.

2391 33 A9A

DECENTED

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE.	18
	~		-		,	

4107 CERTIFICATE OF DEATH Reg. Dist 040555

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
	13/100
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home	STREET (If rural give location) 107 Burke Street
	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: April 12, 1955
RACE: WIDOWED DIVORCED	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Hours Min.
work done during most of working life, Reprince is employed Reprince is employed Reprince is employed Reprince is employed Reprince is employed	Virginia Virginia (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Osburn C. Crist	Ida J. Horner
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates None	B. U. Crist, Jr., RD#5, Frederick, Maryland
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
450.0 Sereals	red cuterinale asia 800
IMMEDIATE CAUSE (A) DUE TO	The survey of
ANTECEDENT CAUSE (\$)	rhage of intestine rachs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ruage of mesun was
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from your	7, 1955, to thul IV, 1955, that I last saw the deceased
1. Assault Moke State 1 12	L2:30A M, from the causes and on the date stated above.
alive on 1995, and that death occurred at	ADDRESS DATE SIGNED
A MANY INIUM	Boonsboro, Maryland 13 April 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial (SPECIFY) 14 April 1955 Mount Olive	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR APRIL 14.1955 - John W. Day	M. R. Etchison & Son, Frederick, Maryland

BECEINED

BUREAU V. S.

2361 31 89A

MARYLAND STATE DEPARTMENT OF HEALTH

4108

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		ODJET II TOTEL	E OI DEILLIA	Reg. Dist. No)
1. PLACE OF DEATH.			2. USUAL RESIDENCE (HOM	E) OF DECEASED.	
COUNTY	NIGTON	MARYLAND	STATE	COUNTY	INGTON
CITY (If outside corpora	te limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corporate li	mits, write RURAL and giv	e nearest town)
Y TOWN COHRES	RIII RII	RAL (in this place)	TOWN ROHKER	WILLE - 12	ORAL X
HOSPITAL OR		STATE OF THE STATE	STREET	(If rural, give iocation)	01012
INSTITUTION OR STREET ADDRESS	ZOHRERSV				D.R.I
3. NAME OF DECEASED	(First)	(Middle)	(Last) 4.	DATE (Month)	(Day) (Year)
(Type or Print)	ROV F	RANKLIN DI	7UQ-HERTV	DEATH APRIL - 2	27 - 1955
5. SEX 6. C	OLORIOR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. A	GE last birthday If under	l year If under 24 hrs. Days Hours Min.
MALE	WHITE	WIDOWED, DIVORCED, (Specify) Y ARRIED	FEB-16-1893 (0)	2-2-11 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION done during moet of working	V (Give kind of work	10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF WHAT
RARME	12	OWN FARM	SAMPLES MANOR	WASH. CO. MA	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
AAKON 1	DAUGHERT	- y	EMMA MY	ERS	
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes	U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADI	ORESS	
D service		NONE	MRS. JAMES CURE	ROHRERSYI	LLE M.D.
		18. MEDICAL CE			
I. DISEASES OR CONDIT	TIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
177X		0	e the emostate		
Immediate cau	se (a)	Carelnoma o	f the prostate		2 Yrs.
Antecedent can Diseases or conditi giving rise to the a stating the underly	one, if any, (b)				-9-69-07-00-100-100-100-100-100-100-100-100-1
II. OTHER SIGNIFICANT Conditions contributing to related to the disease or c	o the death but not	th.			
19a. DATE OF OPERATIO	ON 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No X
21. ACCIDENT (Sp SUICIDE HOMICIDE	pecify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR TOW)	N) (COUNTY)	(STATE)
TIME (Month) (Day OF INJURY) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR	?	
22. I hereby certify th	at I attended th	e deceased from Jan.	, 19 55, to 4/27/	1955 that I last as	aw the deceased
Tar					
alive on Apr		d that death occurred at	5 A. m., from the cau	ses and on the date sta	
SIGNATURE	0. 1	(Degree of Little)			DATE SIGNED
Waller A.	mea	1112	Sharpsburg, Md		29, 1955.
23. BURIAL, CREMATION	DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY LOCA	TION (City, town, or count	y) (State)
BURIAL (Specify)	APRIL- 3	10/195 SAMPLES MAN	OR CEMETERY SAI	MPLES MANOR	WASH . CO.MD
DATE REC'D BY LOCA	L REGISTRAR'S	MGNATURE			ADDRESS
and 29-1955	Ilm Naihe	rive Nagenhart	IWM. F. BAST AND	SONS BOONS	3080 Mp.

correct age DR. SHEALY PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

DECEIVED **

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY		
WASHINGTON MARYLAND	WEST VIRGINIA		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and a	rive nearest town)	
X TOWN APPLETOWN - RURAL SYEARS	TOWN TERRA ALTA	85 X - 3	
HOSPITAL OR	STREET (If rural, give location)	1	
INSTITUTION OR BOONSBOILD MD. R.2	ADDRESS	V_	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)	
(Type or Print) FFFIE - WAE - DEW		29 - 1955	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	er. 1 year ilf under 24 brs.	
FEMALIE WHITE (Specify) WIDDWED		s. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	TERRA ALTA W.VA.	COUNTRY?	
HOUSE WIFE OWN HOME	14. MOTHER'S MAIDEN NAME	Mrs. Fr.	
O CHASCAN	SUSAN NI.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If year, give war or dates of		NA 00 12 0	
NO service) NONE	HIF. DEWITT 1300NSB0120	IND. KILI	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE	
260 Ammediate cause (a) Cardio vas.ov	20110 2011	hrc.	
260 Immediate cause (a) Cardis day.co			
Antecedent cause(s)	relevoiris ger.	Mrs.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	s. Mellitus	UN.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	- 3. / () ()		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes No N	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	Y) (STATE)	
SUICIDE Office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While			
INVOICE			
22. I hereby certify that I attended the deceased from Sept	1954, to 195, that I last	saw the deceased	
22. I hereby county that I devoked the	12		
	2:36 Am., from the causes and on the date	stated above.	
SIGNATURE (Degree or title)	ADDRESS ((A) the St	DATE SIGNED	
Louis H. Onthe M.D.	- AMIDIM	24.7V.AT	
	CRY OR CREMATORY LOCATION (City, town, or con	unty) (State)	
REMOVAL (Specify) MAY-1-1955 TERRA ALTA	CEMETERY TERRA ALTA	W.VA.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Pohil . 30.1955 Jahn W. Das	WM. F. BAST AND SONS BOO	NSBORD MD	



BUREAU V. S.

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APR 26 1955

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BUREAU V. &

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND S'	TATE DEPARTMEN	T OF HEALT	H—BALTIMORE, 18	A A A P
4^61	CERTIFICATI	E OF DEA	TH Reg. Dis	1. No. 302
1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DECEASE	D:
COUNTY Wash.	MARYLAND	STATE	COUNTY	sh.
CITY (If outside corporate limits, write on and give nearest town) Hagerstown	RURAL LENGTH OF STAY 60 years	OR	corporate limits, write RURAL RURAL Hagersto	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington	n Col Hospital	STREET ADDRESS	RFD #1 rural give location	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	Day) (Year)
(Type or Print) Nannie	Divine Doar	rnberger	OF April	. 29 19 55
female 6. COLOR OR 7. SINGLE 7. SINGLE WIDOW (Specify	MARRIED, 8. DATE SED, DIVORCED, Widowed March	OF BIRTH: 31, 1887	9. AGE last birthday IF UNDER	
	OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE	(State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME: Samuel Let		Berryvill		
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Grason Dos	arnberger, Hager	stown, Md.
I DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,	LEADING TO DEATH (A DOWN (B) CAS PARTY	y Thur	Carrie	INTERVAL BETWEEN ONSET AND DEATH
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	C	Joseph D.	
II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH OF THE PROPERTY OF	THE	E-MAY-		
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	1		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18. PLACE (Home, farm, fact F INJURY street, office bldg.,	etc. INJURY OCCL	DID (City or town) (Coun	ty) (State)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID	INJURY OCCUR?	YARDIGA
22. I hereby certify that I attended the alive on 4 , 1955, and alive of the standard of the s	d that death occurred at	3:20 PM, from t	he causes and on the date	
23. BURIAL, CREMATION, DATE THERE BURIAL (SPECIFY) 5-1-55		ERY OR CREMATOR	Hagerstown. M	
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL I		ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CERTIFICATI	E OF DEATH Reg. Dist	. No.	
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
gib	COUNTY WAShINGTON MARYLAND	STATE MARY HAND COUNTY WAS	hington	
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a		
	HOSPITAL OR TOWN NOW TOWN AUGUSTIC	STREET (If rural give location)	X	
learl	90 STREET ADDRESS MENNOWITE HOME	ADDRESS MAIN STREET		
death clearly	DECEASED	- / OF 0 1.	Day) (Year) 20 1977	
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Jingle JAN	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.	
causes	OR INDUSTRY: even if retired): Housekeeper	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
e t	JOHNS W Eby	JUSANNA HERShe	1	
e write	(Yes, no, or unk.) (If Yes, give war or dates of service)	REUBEN Eby CEARERSS	md.	
3: pleas	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2	Myrendt	INTERVAL BETWEEN ONSET AND DEATH	
cians	ANTECEDENT CAUSE (S)	1/41		
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Lenty		
	(C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
upo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
			YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while 2				
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while st work at work			
	22. I hereby certify that I attended the deceased from 4 -/	0 - 1950 to - 1950 that I las	t saw the deceased	
ct age	M, from the causes and on the date			
correct		1.0.H zerolis they	4/21/51	
00		ech CEMETERY WAShington Co	onty Md.	
	DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE RESISTRATION OF THE PROPERTY OF THE	Rost Itaven Forenal Cha	ADDRESS	
		HAGERSTO	VVN Md.	

1,45h 9+11 the freehouse of the same thought The season on the Marginsville 30 yes MEMORATE HOME MAIN STICEET Anna H Eby Judgle Jan 7, 1859 90 Form 18 Varte Husekeeper James - Louis - Paris Jusquine Hershey Jones of Eby Mone Review Eby Cearties, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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all.	-1	U	nd	

. 4062 CERTIFICAT	E OF DEATH Reg. Dist	. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY WASHINGTON MARYLAND	STATE MARILAND COUNTY WAS	HINGTON
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR	ind give nearest town)
HOSPITAL OR	STREET (If rural give location)	1
8/ STREET ADDRESS WASH . CO. HOSPITAL	970 DEFFERSON BO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED: (Type or Print) NORIMAN - LESLIE - EM	NERT DEATH: APRIL -	25. 1955
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify) WIDOWED SEPT	E OF BIRTH: 9. AGE last birthday IF UNDER 1	
work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
RETIRED FARMER OWN FARM 13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	MISIR.
EZRA EMMERT	ELEANOR MIDDLEK	AUFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17 INFORMANT & ADDRESS	HAGERSTOWNN
NO of service) 214-34-0660	MRS. D.C. FAKLE - 970 JEFFERSON	BLD.
18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
11001	Comin Mey ounderto	JEN
ANTECEDENT CAUSE (S)		1
DISEASES OR CONDITIONS, IF ANY. (B)	enter relinis	
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, faction or Contributing Cause of Death of Injury street, office bldg. (if either, notify medical examiner)	etery, 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	4, 103, to 4-2, 199, that I last	saw the deceased
	t M, from the causes and on the date	
SIGNATURE A. SW Ruth		re signed
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or	
	CEMPTERY NEAR TILCHMANTO	ADDRESS

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OECEIVED APR 28 1955

BUREAU V. S.

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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 04062
4063 CERTIFICATE	E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: COUNTY Washington CITY (If outside corporate limits, write RURAL And Sive nearest town) 7 TOWN Hagerstown HOSPITAL OR INSTITUTION OR GARLOCK Memorial HOSPICE OSTREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY CITY(If outside corporate limits, write RURAL and give nearest town or Town Hagerstown STREET ADDRESS Randolph Ave.
DECEASED: (Type or Print) Anna F	(Last) A DATE (Month) (Day) (Year) OF BIRTH: 9 AGE last hirthday Millions Year Year
RACE: WIDOWED DIVORCED.	9. AGE last birthday FUNDER 1 YEAR HOURS MI Months Days Hours MI MI MI MI MI MI MI M
(Yes, no, or unk.) (If Yes, give war or dates of service)	Norma Huyett, Hagerstown, Md.
STATING UNDERLYING CAUSE LAST.	schut tim ONSET AND DEA
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	, 20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factor) OF INJURY street, office bldg., of the contribution of the contr	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-//- alive or 19-11, 19, and that death occurred at SIGNATURE M. 23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) DUTIAL Pine Street	M, from the causes and on the date stated above. ADDRESS DATE SIGNED RY OR REMATORY LOCATION (City, town, or county) (Sta
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BEGISTRATE 1955	Scott F. Minnich & Son, Hagerstow

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	A POS

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	0:
COUNTY Washington MARYLAND	STATE Md. COUNTY Wa	sh. :
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) TOWN Hagerstown rural (in this place) life	TOWN Hagerstown rural	×
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR Woodpoint	ADDRESS	-
	Woodpoint	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	Day) (Year)
(Type or Print) Atley E	Furry DEATH: 4	6 1955
RACE: WIDOWED DIVORCED.	OF BIRTH: 9. AGE jast birthday IF UNDER	
male white (Specify): widowed Jan.	19, 1892 63 yrs. Months 1	Days Hours Min.
DA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life. even if retired: retired farmer own farm	Boonsboro, Md.	U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIOEN NAME:	0.0.4.
	Minnie D. (Furry) Ingram	
unknown	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates		
no of service) none	Mrs. Minnie Ingram Hagerstow	n, Md. R6
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUT TO	a selevoto Hant dism	
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	N.	
Tax. DATE OF OPERATION.	N	YES NO
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW OIO INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 3, and that death occurred at SIGNATURE	6. M, from the causes and on the date	
	ERY OR CREMATORY LOCATION (City, town, or	r county) (State)
Burial 4-9-55 Rose Hill		
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	lagerstown, Md.	ADDRESS
BARRALL DE A LIBOURN		
the carry process	Fred W. Araiss Hagerstown.	MQ.

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COUNTY

NAME OF

DECEASED:

STOWN

SEX:

OF INJURY

1,18, that I last saw the deceased 22. I hereby certify that I attended the deceased from M, from the causes and on the date stated above. and that death occurred at 31/17 alive on SIGNATURF(23. BURIAL, OREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City/town, or county) (State) REMOVAL (SPECIFY) HAVEN COMETERV Bunial DATE REC'D BY LOCAL ADDRESS HAVEN

The same and 2 Prince St. Triange At 1970 and to the part of the second of M away saspent to reday home withweigh 1200 51 NV 5/6/A Museus March 18 1896 J. All may sent Mainter. Nounce Miller John B Gerst 214 - 49-8132 Mer Walm Gent Wille Hand with the settle of the section of 133 1 27 - A-330A3 - A

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

er Dist No 302

4 00 CENTIFICATI	E OF DEATH Reg. Dist.	. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Mashington MARYLAND	STATE Md. COUNTY Jue	derick
CITY (If outside corporate lights, write RURAL OR and give nearest town) OR TOWN OR acceptance (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Rural middleton	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hash. G. Hospital	STREET (If rural give location)	0-X-21 V
DECEASED: March	(Last) 4. DATE (Month) (I OF DEATH: #	(Year) 1 1955
15. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify)	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months D	EAR IF UNDER 24 HRS. Bays Hours Mln.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if rigidal musu	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME: Sponseller	anna Stup	
(Yes, no, or unk.) (If Yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. 2 17 - 30 - 6152	ms. Orville D. ahalt, Mid	delicon md
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, //	ONSET AND DEATH
163 X IMMEDIATE CAUSE (A) Carcino	ma of lung	Det 54
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20 AUTOROVA
		YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1957, to Malan, 19.2., that I last	
alive on 1932, and that death occurred at	ADDRESS PLUS THE DAT	stated above.
	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
Burial 4-4-1955 Mt. Oline	* Cemetery Frederick	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

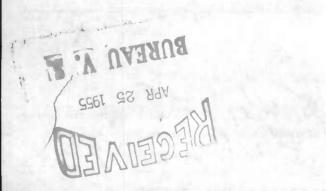
CERTIFICATE OF DEATH 1000

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Reg.	Dist.	No.			5

4 00 CERTIFICATI	e of Dialiti Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAND	Maryland Washington
CITY (If outside corporate limits, write RURAL CENGTH OF STAY on and give nearest town)	
3 TOWN Hagerstown 18 Hrs	Town Hagerstown 3
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
8/ STREET ADDRESS WASH, County Hospital	148 East Washington St
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(17)	GRIMM DEATH: APT 19 1955 19
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday
Male White Specifylinied Nov:	18 1897 57 yrs.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
evel echanic Repair Typewriters	Hagerstown Md. USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Grimm	Hannah Webb
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
No of service) 214-09-1520	Mrs Betty Wine Grimm
18. MEDICAL CERTIFICA	THE PROPERTY OF THE PARTY OF TH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
201X	shim Duren Gabon 1
IMMEDIATE CAUSE (A) DUE TO	
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	LEU HURRY COLLEGE COLL
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. 25101311
	YES NO
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While At work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1950, to // 19 , 19 , that I last saw the decease
alive on	M, from the cause and on the date stated above. ADDRESS
	TERY OR CREMATORY LOCATION (City, town, or county) (State
REMOVAL (SPECIFY)	en Cemetery Hagerstown Ld.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Expression Company Bowers	Andrew K. Coffman Hagerstownn Ma

Andrew K. Coffman Hagerstownn

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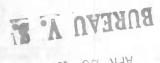
	1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE ASTINGTON	n: n
-	OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town
6	Hospital or Institution or System Wash. County Hospital	STREET (If rural give location)	1
44 183	3. NAME OF (First) (Middle) (Day) (Year)
	(Type or Print) JAMES HEZEKIAH HAR	LEY DEATH: Apr 22	195519
200	S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) arried Febr	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Hours Min.
	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired arber Self Employed Retire	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
J	3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	01023
	James J. Harley	Anna Robison	
	Yes, no, or unk.) (If Yes, give war or dates Yes objected she war or dates Yes Yes have been she war or dates yes objected she was presented as the war of the war	17. INFORMANT & ADDRESS: Mrs Beulah C. Harley	
	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	45/X IMMEDIATE CAUSE (A) Directing	aneuryon of arta	4 days
	ANTECEDENT CAUSE (S)	0 0 1 4	_ 0
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (B) (C) (D) (D) (D) (D) (D) (D) (D	is osis of Wista	5 yrs
	(c)		
I	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
1	9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0	ALIA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
2	ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
0	22. I hereby certify that I attended the deceased from alive on 22. 1, 1955, and that death occurred at	, 19 16 to apr. 22, 19 53, that I last	

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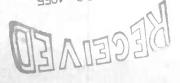
correct PLEASE TY BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Rose Hill Cemetery Hagerstown 24. FUNERAL DIRECTOR

ADDRESS Andrew K. Coffman Hagerstown Md.



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every item of information carefully.

4112 MARYLAND STATE DEPARTMENT CERTIFICATION		1068 No. 302
PLACE OF DEATH: COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED: MATYLAND STATE COUNTY CITYIIf outside corporate limits, write RURAL an	ton
OR and give nearest town) TOWN CHEWSVILLE HOSPITAL OR INSTITUTION OR STREET ADDRESS (in this place) 13 Yrs	OR TOWN Chewsville STREET (If rural give location)	*
DECEASED: (Type or Print) EDITH LYDIA HARSE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	955 19 AR IF UNDER 24 HRS.
USUAL OCCUPATION (Give kind of tops tops work done during most of working life, or INDUSTRY: ween if retired Chool Teacter Retired	11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
Israel Harshman	Mary C. Hooper	
AS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) NONE	Mrs George Krouse	
18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
ANTECEDENT CAUSE (S: DUE TO	ultiple sclerosis	8 yrs
EASES OR CONDITIONS, IF ANY, ING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE Cluron DISEASE OR CONDITION CAUSING DEATH.	ue cyslités	2 yrs,
DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	an Autonova

11

ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH

19A

none

21c. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) 21E INJURY OCCURRED
While Not while (Year) (Hour) OF INJURY at work at work none

HOW DID INJURY OCCUR?

, 1946, to April ..., 1955, that I last saw the deceased age 22. I hereby certify that I attended the deceased from Oct.

21B. PLACE (Home, farm, factory

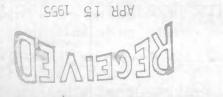
OF INJURY street, office bldg., etc.

death occurred at 9:00AM, from the causes and on the date stated above.
PUTY MEDICAL EXAM, ADDRESS DATE SIGNED alive on Apr. ASH. CO., MDm. D. 115 N. Potomac St- Hagerstown, Md

CREMATION. DATE THEREOR NAME OF CEMETERY OR CREMATORY Burial 13/55

LOCATION (City, town, or county)

Dunkard Gemetery Beaver FUNERAL DIRECTOR LOCAL Coffman Andrew K. Hagerstown



BUREAU V. S.

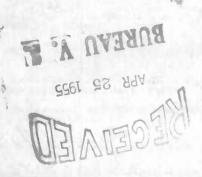
4113 CERTIFICATI	E OF DEATH Reg. Dist. No. 30.7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WASHINGTON MARYLAND	STATE WARYLANDCOUNTY VYASHINGTON
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR
X TOWN LOCUST GROVE LIFE	TOWN LOCUST C-ROVE X
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROHRERSVILLE R.	STREET (If rural give location) ADDRESS RAHRERSYLLLE MD.R.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 14 HRS. Months Days Hours Min.
RACE: WIDOWED, DIVORCED, (Specify): WIDOWED SEPT. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): RETIRED FARMER DWA FARM 13. FATHER'S NAME:	LOCUST GROVE WASH. Co. MD. 415-4.
JOHN W. HAYNES	MARTHA E. HINES
15. WAR DECEASED EVER IN U.S. ARMEO FORCEST (18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
NO NE	MISS MARTHA HAYNES ROHRERSVILLE A
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HE O O O O O O O O O O O O O O O O O O O	ed aulinosilerosis Typo
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY OF INJURY	
	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ROVE CEMETERY LOCUST OF ROVE MD
BORIAL ARRIL 22 1955 LOCUST C	24 FUNERAL DIRECTOR

VS. A15 -

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4()71

. The	4°63 CERTIFICATI	0.20.7
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
mation carefully.	COUNTY WASH (N CTON MARYLAND CITY (If outside corporate limits, write RURAL COR and give nearest town) TOWN HACERSTOWN HOSPITAL OR INSTITUTION OR	STATE MARVIAND COUNTY WASHINGTON CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN TILCHMANTON STREET ADDRESS (If rural give location)
nforma	8/STREET ADDRESS WASH, CO. HOSPITAL	FAIRPLAY MP. 13.1
meof i	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: APRIL - 1 - 19 55 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Mrs.
every	FEMALE WHITE (Specify) MARRIED MAY- 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? NEAR SHARPS BURG- WASH, COIMD, U.S.A
Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
IK.	CHARLES T. BUSSARD 15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 214-09-0509	STELLA CIFT 17. INFORMANT & ADDRESS: HOWARD T. HENNESY PAIRPLAY MD.R.I.
NG IN	18. MEDICAL CERTIFICAT	
IC	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HADO. IMMEDIATE CAUSE (A) ADDUCT ANTECEDENT CAUSE (S)	of Flerombosis dumoi et
ITH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
~ 63	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
WRITE s especia	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
	OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
TYPE 01	alive on J., 19., and that death occurred at SIGNATURE	M, from the causes and on the date stated above. DATE SIGNED A.D. J.
PLEASE		24. FUNERAL DIRECTOR ADDRESS

DECEINED

BUREAU V. S.

y, town, or county)

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington	MARYLAND	STATE S. Carolinacounty	
CITY (If outside corporate limits, wr and give nearest town) Hagerstown	ite RURAL LENGTH OF STAY (in this place) 2 days	CITY(If outside corporate limits, write RURAL OR TOWN Greenwood	and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co.	Hospital	STREET (If rural give location) ADDRESS 301 Mantague Street	1
3. NAME OF (First) DECEASED:	(Middle)		Day) (Year)
(Type or Print) Belle	Starnes	Hitt OF DEATH: Apr.	11 19 55
Female White Specific	owed, DIVORCED. July 3	-,,-	Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife	OR INDUSTRY;	Greenwood Co. South Carolina	CITIZEN OF WHA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Theodore B. St	tarnes	Martha Jane Cox	
S. WAS DECEASED EVER IN U.S. ARMEO FORC (Yes, no, or unk.) (If Yes, give war or da		17. INFORMANT & ADDRESS:	
NO of service)	NONE	Mrs. Elyce Dagenais, Hagerst	own, Md.
I DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEE
420.0 IMMEDIATE CAUSE		mary thromboxis	DNSET AND DEAT
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(B) Artari	osclarotic Hurt Disexe	4 mo. +
GIVING RISE TO THE ABOVE CAUSE			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS	(C) Arteric	relevals - general	1 yrc.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) A TO THE TO THE	el Thrombosis	2 m.0
STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	(C) A TO THE TO THE	2) Thrombosis	2 m0 . 20. AUTOPSY7 YES NO
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MA.	(C) Arteris	Story 21c WHERE DID (City or town) (Coun	YES ND
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION: 19B. MA. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	CC) Apt CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION TO TH	ctory. 21c. WHERE DID (City or town) (Coun	YES NO

PLEA

Siloam Cemetery DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR

ADDRESS

C. M. Suter & Sons, Hagerstown, Md.

Greenwood, S. C.

BUREAU V. S.

2361 P.1 99A

BECEINED

of information carefully. The

Supply every item

UNFADING INK.

WRITE PLAINLY, WITH

OR

PLEASE TYPE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(State)
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VS. A15-10-53

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DECENTED

BUREAU V. S.

2261 3 YAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dis	04074
CERTIFICATE OF DEATH Reg. Dis	st. No
I. PLACE OF DEATH: 0 . 2. USUAL RESIDENCE (HOME) OF DECEASED:	0 4-
GOUNTY WAS KINGTON MARYLAND STATE MC. COUNTY WAS	rington
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
X TOWN Raya - Clear string Lite Town Raya - Clear SDI	ring >
HOSPITAL OR INSTITUTION OR RR 1- C/EURSPring STREET ADDRESS RR 1- C/EURSPring ADDRESS RR 1- C/EURS	Pring
DECEASED:	ay) (Year)
(Type or Print) GRACE MIAC HORST DEATH: APril	24 1955
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: 9. AGE last birthday: If UNDE Months Aug. 15, 18 94 60 yrs.	
10a. USUAL OCCUPATION (Give kind of working life, I) b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF V
Transcription tone Washington Co., In	USA
13. FATHER'S NAME:	
Daniel 25 Weman Myrtle Baker	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & ADDRESS: (Yes, no, or up).) (If Yes, give war or dates of	te/
	rspring,
18. MEDICAL CERTIFICATION	INTERVAL BETY
i. Diseases or conditions directly leading to death:	ONSET AND DE
Immediate cause (a) Coronary Occiusion, acute, severe	2 minui
Antecedent cause(s) Hypertensive Heart Disease	unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	unknow
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	1 20. AUTOPSY
none	Yen No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CTTY OR TOWN) (COUNTY) INJURY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while work at work	
22. I hereby certify that I attended the deceased from Mar 30, 19 53, to April 24,955, that I last alive on Dec. 27, 19 54, and that death occurred at 1.1.35A, m., from the causes and on the deceased from Mar 30, 19 53, to April 24,955, that I last	saw the deceas
	oril 26, 195
23 BURIAL CREMATION DATE THEREOF, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (Specify): 4/27/55 C/CarsPring / Jennoute Cent - C/Car	county) (Starsfring, /
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24! FUSERAL DIRECTOR SIGNATURE SIG	rocucasti
113	12

SECEIVED APR 28 1955

BUREAU V. S.

correct

carefully.

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INJURY OCCURED

Not While While at At Work INJURY Work [22. I hereby certify that I attended the deceased from 2 4 March 1955, to Upw , 19.5., that I last saw the deceased from the causes and on the date stated above. alive on , 19.00 , and that death occurred at .. DATE SIGNED SIGNATURE (Degree or title) ADDRESS 11 Auspor 6 BURIAL, CREMATION. LOCATION (City, town, or jounty) DATE THEREOF NAME OF CEMETERY OR CREMATORY

April Greenlawn Cemetery DATE REC'D BY LOCALI

(Hour)

(Day) (Year)

Williamsport ADDRESS

(COUNTY

Reg. Dist. No.

(Month)

April

COUNTY

(Day)

Months 25

Washington

(Year)

112. CITIZEN OF WHAT

COUNTRY?

Williamsport

19 55

USA

Interval Between

Onset And Death

20. AUTOPSY ?

Maryland

Williamsport

HOW DID INJURY OCCUR?

neodini oli e com

BUREAU V. S.

DECEINED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

40/1	CERTIFICATI	E OF DEA	ATH Reg	g. Dist. No. 302
1. PLACE OF DEATH:		2. USUAL RESIDI	ENCE (HOME) OF DECEA	SED:
COUNTY Washingtin	MARYLAND	STATE Mar	vland	COUNTY Wash.
CITY (If outside corporate limits, write OR and give nearest town) TOWN Hagerstown Md.	RURAL LENGTH OF STAY (in this place)	CITY (If outside	le corporate limits, write R'erstown, Mary	URAL and give nearest town)
HOSPITAL OR INSTITUTION OR	nathan, Street	STREET ADDRESS	(If rural give	location)
3. NAME OF DECEASED: (First) (Type or Print) Joseph	(Middle) Renry J	(Last) chnson	4. DATE (Month) OF DEATH:	(Day) (Year) 26 19 55
5. SEX: S. COLOR OR 7. SINGLE RACE: WIDO	V	OF BIRTII:	9. AGE last birthday: IF U	nths Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor	10b. KIND OF BUSINESS OF INDUSTRY: Dept Store			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Brezila Johnson		Rachel	Hamilton	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (1f Yes, give war or dates of service)				- 43 - 64
no (service)	402 - 26 - 0967 I		son 414 N. Jo	mathan st.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	TO	13.1.5(1)	777077hag4	72,000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing	I had never !		ut prior to les	es Hear
19a. DATE OF OPERATION: 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY ?
21. ACCIDENT (Specify) PLAC OF INJUSTICE INJUSTICE	CE (Home, farm, factory, street office bldg., etc.) RY	(CITY OR TOW	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the alive on 4-25, 19 53, and symmetric Coura	that death occurred at	404 M, from		
23. BURIAL, CREMATION, DATE THERE BENOVAL (Specify) 4-29-19	OF NAME OF CEMETE	RY OR CREMATORY		vn, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S CHOISTRAR'S CHOISTRANS		24. FUNERAL DIRE		ADDRESS

BOKEAU V. S.

2261 S YAM

DECENALD STATES OF THE STATES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4()77 4072 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND WASHINGTON
COUNTY WASHINGTON MARYLAND	STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits write RURAL LENGTH OF STAY and RICERSTOWN HAGERSTOWN 50 th TRUE)	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN HAGERSTOWN
HOSPITAL OR INSTITUTION OR WASHINGTON COUNTY HOSPITA	STREET ADDRESS 20 W. FRANKLIN ST.
(Type or Print)	JONES 4. DATE (Month PRIL (Day) 11 (Year) 55 DEATH:
5. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DATE WIDOWED, DIVORCED. 4/	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Hrs. 23/1892 62 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life.	MARYLAND 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATCH COUNTRY? A.
JESSE A. METZ	MARY E. FARROW
(Yes no, or unk.) (If Yes, give war or dates of service) (NO NO NONE 16. Social Security No.	MRS.JUANITA TURNER MD.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422.1	2000
IMMEDIATE CAUSE (A)	sound yours
ANTECEDENT CAUSE (S)	
GIVING RISE TO THE ABOVE CAUSE	when there
STATING UNDERLYING CAUSE LAST. DUE TO	
(c) VM	and all lasting a
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing 21B. PLACE (Home, farm, factor contributing 21B. PLACE (Home, farm, factor contribution) 21B. PLACE (Home, farm, factor contribu	tory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While Not while at work at work	11.01.00
	53, 19 , to 19 , that I last saw the decease
1111	
alive on 7, 19 5, and that death occurred at	M, from the causes and on the date stated above.
CM 11 00 11 00	D. 19 E. Ontick 4/2/31
23. BORIAL CREMATION DATE THE NEW OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

WE SEED SED

BUREAU V. S.

CERTIFICATE OF DEATH

ODM I IF IOIL I	Reg. Dist. N	0.002
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
Washing ton Maryland	STATE Maryland Washi	ng ton
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
O J TOWN Hagers town 35 lears	TOWN Hagerstown	0.3
HOSPITAL OR INSTITUTION OR 55 East Antietam.	STREET (If rural give location) ADDRESS 55 East Antietan	ú, /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Ko V Daniel	E72EL OF DEATH 4	28 18
Male White Specify (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	l year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY RETIRED		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George W. Kaetzel	Almire Mullendore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, No or unknown) (Il yes, give war or dates of 705-10-73781	Merle G. Kaetzel	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1014		
/ % / / Immediate cause (a)		1224.
Antecedent cause(s)	1 15000	
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	0	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not Wbilo Work At work		
4/4	1 33 4/2 9 53	
22. I hereby certify that I attended the deceased from	19, to 19, that I last s	aw the deceased
alive on 19 and that death occurred at	5.55 Am., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A Book Mil	125 11 Portsman St. 4	/20/55
D. 1. 10. 10. 10. 10. 10. 10. 10. 10. 10.	130 11.00	
	en Cemetery Location (City, town, or edin Hagerstown, Man	
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18492 30,1955 LYANH 2000EN	Andrewk Coffman Hagerstown	Ma.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

The correct age

DECEIVED 1

BUREAU V. S.

AUTOPSY NO E

(State)

(County)

(City, town, or county)

Chambersburg, Pennaylvania

Sthat I last saw the deceased on the date stated above.

Chambersburg, Penna.

PLEA

Mennonite Cemetery

24. FUNERAL DIRECTOR Barbour Funeral Home

		Ttem 2 FilmG181 5-3-55 et CERTI	FICATE	OF DEATH
	carefully.	1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) Pennsylvania
1	car	COUNTY Washington MARY	GTH OF STAY	STATE MATY LANG CO.
		OR and give nearest town) (in	n this place)	OR TOWN / WALLALLETTA
W	atic	Hagerstown 3	months	STREET (If run
9.00	information	INSTITUTION OR STREET ADDRESS Washington County Ho	spital	ADDRESS Mennonixe/)
	inf	3. NAME OF (First) (Middle)		(Last) 4. DATE
	m of i	DECEASED: (Type or Print) NANCY L.	I	CAUFFMAN OF DEATH
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED,		OF BIRTH: 9. AGE last birth
		female RACE: WIDOWED, DIVORCE (Specify): Single	Decemb	er 8, 1873 81
Ş	every	10A USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): housework		II. BIRTHPLACE (State or foreign Letterkenny Township,
	ply ie	13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:
BINDING	Supply te the c	Jacob Kauffman		Hettie Bricker
		IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL S	ECURITY NO.	17. INFORMANT & ADDRESS:
FOR	N N N	(Yes, no, or unk.) Ilf Yes, give war or dates of service)	ne	Letha Barkdoll Scot
	GE	18. MEDICAL	CERTIFICAT	
MARGIN RESERVED	WITH UNFADING.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO IMMEDIATE CAUSE ANTECEDENT CAUSE (8: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	0	us, eleronic
R	WI It.	(C)		
MA	Y, tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	NLY	DISEASE OR CONDITION CAUSING DEATH.	eresta	eines, gruhaly
	LAI im	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS C	OF OPERATION	
(I	TE P	21A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH OF INJURY str		
	R WRI	OF INJURY (Month) (Day) (Year) (Hour) 21E INJUR While at work	Not while at work	21F. HOW DID INJURY OCCUP
	O. See	22. I hereby certify that I attended the deceased	from Jan.	15, 1955 to April 24, 195
10 - 53	D B		occurred at	5 PM, from the causes and ADDRESS
7	SE TY	23 BURIL CREMATION DATE THEREOF NAM		D. Haghstone M.

Reg. Dist. No. 302 OF DECEASED: UNITY WASKINGTON
write RURAL and give nearest town) Scotland al give location) lome (Month) (Year) April 19 Months | Days Hours 16 country): |12. CITIZEN OF U.S.A. Penna. tland, Penna. INTERVAL BETWEEN ONSET AND DEATH

SECETAED: ...

annothing the state of the stat

Charles and the second

BUREAU V. S.

The

Supply every item of information carefully.

UNFADING

OR

TYPE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4117

CERTIFICATE OF DEATH

RE,	18	04(181)
Reg.	Dist.	Ne 3 63

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLA	ND STATEMARYLAND COUNTY Washington
CITY (If outside corporate limits, write RURAL) LENGT	H OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR
	onths Town Hagerstown 03
HOSPITAL OR INSTITUTION OR GATEWAY Convalescent	Home STREET (If rural give location) ADDRESS 115 Broadway
3. NAME OF (First) (Middle) DECEASED: (Type or Print) LOTTIE MAY	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: April 6 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 9. AGE last birthday IF DNOSE LYSAN IS INDEE Man
IOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife	USINESS II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Salem, Washington Co. M. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Renner	Sarah Middlekauff
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Catherine Coss Hagerstown, Md.
	CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DINDEL AND DEATH
IMMEDIATE CAUSE (A)	restinal Obstruction 3 weeks
ANTECEDENT CAUSE (S)	Cina last of the
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Cause not occurrence
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arterial Sclerosia 10 years
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Homor Contributing Cause of Death IIF Either, NOTIFY MEDICAL EXAMINER)	ne, farm, factory. t, office bldg., etc. INJURY OCCUR? (City or town) (County) (State)
	OCCURRED 21F. HOW DID INJURY OCCUR? t work t
SIGNATURE DEVIGE PRINCE	ccurred at 1/14. M, from the causes and on the date stated above. ADDRESS M.D. Clear Apring Mcl. 4/8/55
	t Haven Cemetery Hagerstown, Wash. Maryland
DATE REC'D BY LOCAL RESTSTRAR'S SIGNATURE	C. M. Suter & Sons Hagerstown, Maryland

Dr. David Brewer

BUREAU V. S.

The terminal arrangement of the contract of th

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BECEINED

at work

22. I hereby certify that I attended the deceased from 4/1

DATE THEREOF

at work

JOONS BORD

M. D.

NAME OF CEMETERY OR CREMATORY

ADDRESS

CEMETERY

(If rural give location) (Day) (Year) DEATH: APRIL -7- 1955 9. AGE last birthday IF UNDER I YEAR Daya Months Hours 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? MIS.A. BOONSBORD INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES -- NO (County) (State) 155 19, to 4/7/, 19 55, that I last saw the deceased and that death occurred at 7.45. M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) DOONSBORD WASH, CO. MD. 24. FUNERAL DIRECTOR ADDRESS AND DONS

W

2

0

TYPE

SE

alive on SIGNATURE

23. BURIAL, CREMATION,

DURIAL DATE REC'D BY LOCAL

REMOVAL (SPECIFY)

BECEINED

BUREAU V. S.

2961 II 1958

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND	STATE	DEPARTMENT	of	HEALTH—BALTIMO	RE,	18	0	4082	
2110	CEF	RTIFICATE	OF	DEATH	Reg.	Dist.	No.	305	

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Sib	COUNTY WASHINGTON MARYLAND	STATE MARYLAND, COUNTY WASHINGTON	
death clearly and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest	town)
ano	X TOWN ZITTLESTOWN GIVEARS	TOWN ZITTLESTOWN)	1
>	HOSPITAL OR	STREET (If rural give location)	-
arl	INSTITUTION OR STREET ADDRESS ON LOCAL TOPICS	ADDRESS	
les	STREET ADDRESS MIDDLETOWN MD. R.I	MIDDLE TOWN MP. 12.1	
1 0	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
ath	OECEASED: (Type or Print) ORPHA - LYDIA - KLI	NE DEATH: APRIL- 7- 195	- (-
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 4 YEAR IF UNDER 24	
of	RACE: WIDOWED, DIVORCED,	Months Days Hours	Min.
	FEMALE WHITE (Specify): WIDOWED MAY-	30. 1875 79-10-7 yrs.	
causes	work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V	VHAT
	13. FATHER'S NAME:	NEAR INVERSVILLE FRED. CA. MD. W.S.A.	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	GEORGE WINAIN	MARY - E . MAIN	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
A	(Yes, no, or unk.) (If Yes, give war or dates		
50	No. of service) NONE	GEORGE W. KLINE MIDDLETOWN MP.	R.L
please	18. MEDICAL CERTIFICAT		
Q	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND E	DEATH
* *	174X Carcinoma	Stomach & Hemorrhages on wear (Sween)?	10
Physicians	IMMEDIATE CAUSE (A) CONCOMMA	Comment & factor racings	
cia	ANTECEDENT CAUSE (S)	714.	
ysi	DISEASES OR CONDITIONS, IF ANY. (B) Wiemema	Uterus !	
oh.	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rta	TO THE DEATH BUT NOT RELATED TO THE		
p01	DISEASE OR CONDITION CAUSING DEATH.		
E	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOP	SY7
		YES NO	T
especially	21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, etc. INJURY OCCUR? (County) (State	e)
Spe	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While Not while		
. Ed.			
age	22. I hereby certify that I attended the deceased from Lug.	, 1957, to Cypy 7, 1953, that I last saw the dece	eased
8	alive on Cafril 5, 1955, and that death occurred at		
+3	SIGNATURE A L	ADDRESS DATE SIGNED	
re	115 4-26	o Milliteria apr & 1955	
correct		o. The surface of the	State)
9	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	and on one of the country (or country)	~ ==== /
	BURIAL APRIL-10-1955 DOONSBORD	CAMETERY BOONSBORD WASH. CO. IV	10
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
	REGISTRAR - 8.1953 John D. Bark	WIM. F. BAST AND SONS BOONS BORD 1	MD.



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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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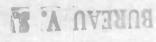
VS. A15.

4119	CERTIFICATI	E OF DEA	TH Re	g. Dist. No. 303
1. PLACE OF DEATH:		2. USUAL RESIL	DENCE (HOME) OF D	ECEASED:
1. PLACE OF DEATH: COUNTY WASHINGTON CITY (If outside corporate limits, write	MARYLAND	STATE MAR	YLAND, COUNTY	MASHINIGTON
CITY (If outside corporate limits, write OR and give nearest town)		OR CITY(If outside	e corporate limits, write l	RURAL and give nearest town)
OR and give nearest town) TOWN S, ROUTE - LI	5 DAYS.	TOWN	KEEDYSYL	LLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS HACE(2570		STREET ADDRESS	(If rural give	
3. NAME OF (First)		(Last)	4. DATE (Month	
DECEASED:			OF	, , , , , , , , , , , , , , , , , , , ,
RACE: WIDO	E, MARRIED, 8. DATE	OF BIRTH:	9. AGE last birthday IF	UNDER I YEAR IF UNDER 14 HRS.
MALE WHITE (Specif	WIDDWED, CLULY-	27-1867	87-8-13 yrs.	onths Days Hours Min.
work done during most of working life.	108. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE	(State or foreign country	y): 12. CITIZEN OF WHAT
even if retired) SALESMAN	SEED COMPANY	KERDYSVILL	E WASH. CO.M	
13. FATHER'S NAME:		14. MOTHER'S	MAIDEN NAME:	
MAHLON KN	ADLER	ANN	SOPHIA CA	RR
15. WAR DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates		17. INFORMANT	& ADDRESS:	
of service)	NONE	MRS. ROBERT	R. WYAND IS	EEDVAVILLE IND.
110	18. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH	1 1-	Λ	ONSET AND DEATH
4500 IMMEDIATE CAUSE	(A) PENDIAL	a o Bando	1 1 Relen	40 10 41
ANTECEDENT CAUSE (S)	DUE TO	The work		11
DISEASES OR CONDITIONS, IF ANY,	(B) Hala	malea	chow I Had	da 21186
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	V	In a colder	- aux
	(C)		1	
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	O THE		10.00	
DISEASE OR CONDITION CAUSING	DEATHDEATH.	J		
Tax. DATE OF OF ENATION. Tou. MAGO	A TINDINGS OF OFERATION			YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCI	DID (City or town) UR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While Not while	21F. HOW DID	INJURY OCCUR?	
M.	at work at work		, ,	
22. I hereby certify that I attended	the deceased from	, 1905, to M	pul. 10, 1955, the	t I last saw the deceased
alive on 10 11 9 1965 / a	and that death occurred at	2115PM, from	the causes and on th	e date stated above.
alive on SIGNATURE 2 2 2		ADDRE		LA PATE SIGNED
Mornina		. D. //200ns	vovo	1/12/54
23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY)	REOF NAME OF CEMETI	ERY OR CREMATOR	LOCATION (City,	town, or county) (State)
BURIAL ARK. 13	1955 FAIRVIEW	CEMETERI	KEEDYSVIC	LE WASH. Co. MD
DATE REC'D BY LOCAL REGISTRAF	R'S SIGNATURE	WM. P. BAC	DIRECTOR	DONSBORD MD.
		11. 1. Nuo	T AND JONS !	DOONSBORD JAID.

S261 **21 84A**

BECEINED

COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) Hospital or Institution or	state Maryland county Wa	
CITY (If outside corporate limits, write RURAL or and give nearest town) A TOWN Hagerstown Hospital or INSTITUTION OR	state Maryland county Wa	9 9 4
OR and give nearest town) TOWN Hagerstown HOSPITAL OR HOSPITAL OR		snington
HOSPITAL OR	CITY(If outside corporate limits, write RURA) OR TOWN Hagerstown	L and give nearest town
OD STREET ADDRESS 951 The Terrace	STREET (If rural give location and press 951 The Terrac	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	SLEY DEATH: April	14, 1955
Female White (Specify)Widow Sept	FE OF BIRTH: 9. AGE last birthday Ir UNDER Months 3. 27, 1875 79 yrs.	
work done during most of working life. even if retired): Housewife Own Home	Hagerstown, Maryland	2. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Bester	Mary M. Sommar	
(Yes, no. or unk.) (If Yes, give war or dates of service) NONE	Mrs. Mary Bownan	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S: Concluse (S)		1 Week
	Arteriosclerosis with sive Vascular Disease	Indefinit
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Coty or town) (Coty, etc. INJURY OCCUR?	unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR OF INJURY M. at work at work	ED 21F. HOW DID INJURY OCCUR?	194 194
22. I hereby certify that I attended the deceased from Apr alive on Apr. 14, 1955, and that death occurred a SIGNATURE	at 1 A M, from the causes and on the day	te stated above.
REMOVAL (SPECIFY)	M. Hagerstown, Md. Apr ETERY OR CREMATORY LOCATION (City, town, 1 Cemetery Hagerstown,	Manager 1



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UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH

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MARGIN RESERVED FOR BINDING

. Also Chillical	d OF DEATH Reg. Dist.	140.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Washington MARYLAND	STATE Penn. COUNTY Fran	klin
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
OR and give nearest town) (in this place)	OR TOWN	75× 3
Hospital of Hagerstown, Md R.D. 2 42 Mon.	STREET (If rural give location)	1011-0
, INSTITUTION OR	ADDRESS	
90 STREET ADDRESS Gate Way Nursing Home	216 W. North	
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) Naomi Fearl Lo	hr DEATH: Apr.	14 195 5
5. SEX: 16. COLOR OR 17. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 V	
RACE: WIDOWED, DIVORCED.	Months D	ays Hours Mis
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12.	CITIZEN OF WILL
work done during most of working life, OR INDUSTRY:		COUNTRY?
even if retired): Telephone Operator Frick Co.	Waynesbore, Pa. R.D. 4	U.S.A.
In the state of th	14. MOTHER'S MAIDEN NAME:	
	D D T- 11	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Dora B. De Vou	
(Yes, no, or unk.) (If Yes, give war or dates	17. HYPORMANT & ADDRESS:	
No. of service) 173-03-1634	Mrs Clyde Woolridg	e Jr.
18. MEDICAL CERTIFICAT		INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEA
421.4	, 60 D D. +1	
IMMEDIATE CAUSE (A) MOY	uc endo cardillo	Lycar
ANTECEDENT CAUSE (S)	ric Endocarditis te Cardiac Failure	1
DISEASES OR CONDITIONS, IF ANY, (B)	e Cardiac Tailure	Dolair
GIVING RISE TO THE ABOVE CAUSE BILE TO		-
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY
		YES NO TO
21A. ACCIDENT WAS UNDERLYING \(\) PR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. 21c. WHERE DID (Clty or town) (County etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work at work		
22. I hereby certify that I attended the deceased from Man.	15, 1955, to Goul 14,1965, that I last	saw the deceas
alive on April 13, 1955, and that death occurred at	4. 15 B. W from the course and on the date of	total above
SIGNATURE	ADDRESS // DAT	E SIGNED
Anna Harris	- Please Storing Md.	4/14/55
	ERY OR CREMATORY LOCATION (City, town, or	county) (Sta
REMOVAL (SPECIFY)	Hill Cam Wayneshana P	9
	Hill Cem. Waynesboro, P	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		
april 16-195 Joseph W. Murray	Walter J. Grove Waynesh	0010, ra.



APR 25 1955



B)

MARYLAND

STATE DEPARTMETT OF HEALTH

4077

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE	E (HOME) OF DECEASE	COUNTY
WASHIN		MARYLAND	MARY	LAND WA	ASHINGTON
CITY (If outside corpora OR give nearest town TOWN HACLER)	L and LENGTH OF STAY (in this place)	OR	porate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR	,		STREET ADDRESS	(If rural, give location	ST.
	MASH. Co		<u> </u>	BALTIMORE	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE (Mor	th) (Day) (Year)
5. SEX 6. (COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH Feb. 7. 1882	9. AGE last birthday	If under. 1 year If under 24 hrs Months. Days Hours Min.
10a. USUAL OCCUPATIO		(Specify) MARRIED 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT
done during most of workin	glife, even if retired) OVEE OF STA	INDUSTRY DELLE FORESTRY DEL	WASH . CO		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAID		
15. WAS DECRASED EVER I	N U.S. ARMED FORCES?	MAN 1 16. SOCIAL SECURITY NO.	17. INFORMANT AL	WILLIAMS ADDRESS	
(Yes, no, or unknown) (If y	ear, give war or dates of ervice)	NONE	The state of the s	OWMAN FUNKS	TOWN MD.
		A. A.			
I. DISEASES OR CONDI	TIONS DIRECTLY I	18. MEDICAL CE EADING TO DEATH	ETIFICATION		INTERVAL BETWEEN ONSET AND DEATH
152X		A	1	11	
Immediate car	ıse (a)	Cardiovas	3 CM MY	2590110	7/2.
Antecedent car		ARTEVIO	uzers/2	4	4/5-
giving rise to the stating the under	above cause	Carinon		NON	240.
II. OTHER SIGNIFICAN Conditions contributing related to the disease or	to the death hut not		nqDo		
		NDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🖸
21. ACCIDENT (S SUICIDE HOMICIDE	pecify) PLAC OF INJUI	E (Home, farm, factory, street, office hldg., etc.)	(CITY O	R TOWN) (CC	OUNTY) (STATE)
TIME (Month) (Day OF INJURY	y) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?	
			14 22.	2 X Ce	
22. I hereby certify the	hat I attended the	deceased from 4 28	, 19.3, to	, 19.33, that 1	last saw the deceased
alive on 4	8 , 19 55, and	that death occurred at	ADDRESS ADDRESS	the causes and on the	date stated above. DATE SIGNED
I air	3 >3 ran	INAME OF CENTRAL	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
23. BURIAL, CREMATIO REMOVAL (Specify)		-1955 FUNKSTOWN			
DATE REC'D BY LOCA	AL I REGISTRAR'S S	IGNATURE	CEMETERV 24. FUNERAL DINE	CTOR	ADDRESS
BG Jak 29,19	55 lonas	4Boevers	MME BAST	AND SANG BA	ANCROSA MA

2361 S YAM

BECEINED

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	04087
4978 CERTIFICATE	E OF DEATH Reg. Dist.	No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE Md. COUNTY Washing	ton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	
O3TOWN Hagerstown 14 days	TOWN Rural- Clear Spring.	202
HOSPITAL OR INSTITUTION OR Washington Co. Hospt.	STREET (If rural, give location) ADDRESS Near St. Paul's	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Joseph Mills	(Last) 4. DATE (Month) (Day OF April 16	(Year) 1955
Male 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Widowed Dec.	OF BIRTH: 9. AGE last birthdsy: IF UNDER 1 5, 1869 85 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY: Laborer	Maryland Maryland	2. CITIZEN OF WHAT
13. FATHER'S NAME: Abraham Mills	14. MOTHER'S MAIDEN NAME: Elizabeth Whetstone	
(Vos no on unit) (If Vos cine man and date of	INFORMANT & ADDRESS: rs. Rosa Flannagan- Clear S	pring, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Immediate cause (a) CEREBRAL VASCULAR AC	CIDENT WITH RIGHT HEMIPLEGIA	WEEKS
Antecedent cause(s) (b) HYPERTENSIVE ARTERIO	SCLEROTIC HEART DISEASE	инкимон
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	***************************************	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 2 alive on APRIL 16, 155, and that death occurred at	2 19.55, to APRIL 1619.55, that I last s	aw the deceased
alive on APRIL 16, 1955, and that death occurred at	10-15 Am., from the causes and on the date E) ADDRESS	stated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify):		ounty) (State)
DATURECU BY LOCAL RECISTOR'S SIGNATURE OFER, 18, 1955 Chasff Govern	24. FUNERAL DIRECTOR	ADDRESS ADDRESS

BECEINED

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BUREAU V. S.

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Supply every item of information carefully.

UNFADING INK.

especially important. Physicians:

correct age is

DATE REC'D

BY LOCAL

WRITE PLAINLY, WITH

OR

PLEASE TYPE

please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIM	ORE, 18
2 1 0	CEF	RTIFICATE	OF	DEATH	Reg. Dist. No.

4088

CERTIFICAT	E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
OSTOWN (If outside corporate limits, write RURAL LENGTH OF STAY and rive nearest fown) OSTOWN Hagerstown OSTOWN	CITY(If outside corporate limits, write RURAL, and give nearest tox
HOSPITAL OR INSTITUTION OR STREET ADDRESS 229 Willard St.	STREET (If rural give location) ADDRESS 229 Willard St.
	Morris 4. DATE (Month) (Day) (Year) OF DEATH April 24 19 55
Male White Specif Widowed July	28, 1874 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even Clerk): OR INDUSTRY: Grocery	Martinsburg W. Va. 12. CITIZEN OF WH COUNTRY?
John Morris	Mary O. Wolfensberger
(Yes, No or unk.) (If Yes, give war or dates of service) (14-09-6257	John O. Morris Jersey Shore Pa.
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 120.0 IMMEDIATE CAUSE (A) DUE TO	Salas Hypercure Hent have ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	who zym
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	y / co some
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY: YES NO
21A. ACCIDENT WAS UNDERLYING \(\begin{align*}	tory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
22. I hereby certify that I attended the deceased from alive on signature at Signature with the least occurred with the least occur	M, from the causes and on the date stated above. DATE SIGNED DATE SIGNED
Cremation Apr. 28,1955 Greenmon	

28,1955

Greenmount

Crematory

24. FUNERAL DIRECTOR

Scott F. Minnich & Son

Baltimore

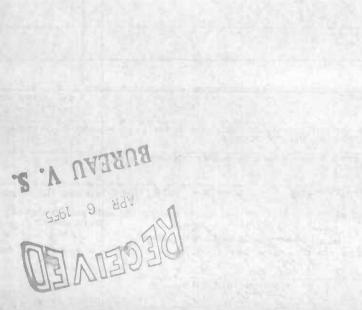
ADDRESS

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11	ct	4121 MARYLAND STATE DEPARTMENT OF	HEALTH—BALT
	correct	MEDICAL EXAMINER'S CER	RTIFICATE
	5	1. PLACE OF DEATH:	2. USUAL RESIDENCE
	The y.	COUNTY Washington MARYLAND	STATE MANY!
	lö I	CITY (If outside corporate limits, write RURAL OR and give nearest town) COR AND GIVE NEAR OF STATE (in this place)	CITY (If outside co
	care	HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. #40 Enst of Hogoston	STREET
M	information leath clearly	3. NAME OF (First) (Middle) DECEASED: (Type or Print) LEROY William	(Last) NAI/EI
	f infordeath	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Jugle 12	2/20/30
ING	item of uses of d	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	En Pitts bu
BINDING	y every it	William GRANT HAILEY	14. MOTHER'S MAIDE
FOR]	Supply ev	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 215-26-2322.	Wm. G. Mal
	Sup		CAL CERTIFICATION
RESERVED	INK.	Antecedent cause(s)	cervical verteb
MARGIN	UNFADING Physicians:	giving rise to the above cause DUE TO stating underlying cause last (c)	
MA		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	WITH ortant.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	
	NLY, WITH	21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH.	ry, 21c. (City or town) tc., Rural -
1	E Phalin especially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 4 −10−55 1:00AM1.	Head -on a
2	WRITE P	22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accessionature	ribed above, held an cident ()x, Suicide () CHIEF () DEPUTY M. D. ASSISTA
0 - 4	PLEASE as	REMOVAL (Specify): 4/12/07- REST Horre	ery or crematory
Acia	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	REST H

EALTH—BALT	TIMORE, 18	Red Avis O ()
TFICATE		No. 3.0.5
STATE MANY	E (HOME) OF DECEASED:	ingten1
	Runn!	<u>X</u>
STREET ADDRESS	(If rural, give location) んせう	/
Last) /////////		/ O 19 VV
20/30	AGE last birthday: IF UNDER 1 24 yrs. Months D	Days Hours Min.
MOTWERS WAID	(State or foreign country): 12	COUNTRY?
C/-01-	P Richer	
Informant & Al	DDRESS: R#5-HA	genes Loury Md
CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
rvical vertel d shock	ora (cloased)	5 min
		20. AUTOPSY? Yes □ No 🏖
Rural -	- Hagerstown -Wash	(State) Md.
ed above, held an	Automobile collisor Autopsy , Inspection , , Homicide , Undete MEDICAL EXAMINER , Y MEDICAL EXAMINER ANT MEDICAL EXAM	, Inquiry [], and
OR CREMATORY	LOCATION (City, town, or of the section of the section)	county) (State) ADDRESS
	NUEN FINERAL	-
	Hagenston	~ , 1114.

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4081 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

-		1	10	Sh
Reg.	Dist.	No.	15	DI

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please write the causes of death clearly and legibly. Supply every item of informat MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians:

VS.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Washington MARYLAND	STATE MAKENING COUNTY WHI	chianter
CITY (If outside corporate limits, write RURAL) LENGTH OF STA		
OR and give nearest town) (in this place) 3 TOWN HAGGERS TEWAY 26 VR.		00
HOSPITAL OR	STREET (If rural give location	0.5
INSTITUTION OR	ADDRESS	
STREET ADDRESS 1024 GEORGIA AVE	1624 GEORGIA THE	7,
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SAMUE/ GRANT N	1 / OF 1 !	(Day) (Year) 28 1947
	PE OF BIRTH: 9, AGE last birthday IF UNDER 1	
RACE: WIDOWED, DIVORCED,	e 22 1879 75 yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner	11. BIRTHPLACE (State or foreign country): 12. PARSONS W. VA.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Elija NAZELROD	Jusan Wentch for	d
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS: 1026 G	Feregin A.
(Yes, no, or unk.) (If Yes, give war or dates of service) 220-10-332	O Clara M. Trumpower A	trackstown,
18. MEDICAL CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1-4 01 11	ONSET AND DEATH
IMMEDIATE CAUSE (A) ATTERIOS	clerili I reast suseare with	5 you
DUE TO	Cleritic Heart Disease with	
ANTECEDENT CAUSE (S) Myo Caral	Mailur	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ON	YES NO
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	g., etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR While Not while at work at work		
22. I hereby certify that I attended the deceased from	, 1950, to 28 apr , 1957, that I las	t saw the deceased
alive on 2704, 1957, and that death occurred	at 3 30 CM, from the causes and on the date	
F & Lusky	M. D. 2 30 N Potroma. 2	9an55
	ETERY OR CREMATORY LOCATION (City, town, o	
Burial May 1900 1CEST HA	WEN Cometry Hagerstown	w Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 3.05

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
WAShinotek MARYLAND	STATE MARY/AND COUNTY Washington
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town). (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
A TOWN FOIR Play ICT 40 VICES,	TOWN Frie play
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
O STREET ADDRESS	ADDRESS R#/
3 NAME OF (First) (Middle)	(Last) (Mean) 4. DATE (Month) (Day) (Year)
(Type or Print) Dank/d 13.	MEAR DEATH 4 5 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 2. AGE last birthday If under 1 year If under 24 hrs
(Specify) MARKIET	7/28/1882 72, yrs. Months Days Hours Min.
10n. USUAL OCCUPATION (Givo kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
CARE TAKER INVICION	CARITON Michigan COUNTRY? U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ECAYMOND D, HEAR	Adn F. ME LAUBHLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
NO (service) (NO)7 C	HARROLD S. NEAR FRIEDLAN Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
(CIACLLANIA)	on mastate 3.
/// X Immediate cause (a)	Dalla de la constante de la co
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1950 Carcuona oz	1/108 tale Yes 17 No 18
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
Sunt	31 Climit 55
22. I hereby certify that I attended the deceased from	19.2 to 2 4 to 19.3, that I last saw the deceased
alive on 31 Mayel, 19.55, and that death occurred at	Tom., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Tours Land (nahl) 111,0000	without med Elinilians
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Grand Complete LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
138.7.1955	Rist Haven Funer of Chapel Two
Com II - Com	THE THERE PONER AT CHAPET LINC.
	HAGERSTOWN. Md.

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4/192

CERTIFICATI	E OF DEATH Reg. Dist	. No. 302
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY WASHINGTON MARYLAND	STATEMARYLAND COUNTY WASH	INGTON
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and City has the Corporate limits, write RURAL (in this TRS.)	CITY(If outside corporate limits, write RURAL a OR HAGERSTOWN	and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS 445 N. MULBERRY ST.	STREET (If rural give location) ADDRESS 445 N. MULBERRY	
(Type or Print)	WCOMER 4. DATE (Month) (COMER APRIL	Day) (Year) 5 19 5
DACE WIDOWED TOWONCED	1878 9. AGE last birthday Months I	
work done during most of working life. RETEREBUTE ORDERLY 108. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (State or foreign country): 12. MARYLAND	CITIZEN OF WH.
BENJAMIN F. NEWCOMER	BARBARA ADAMS	MET HE
(Yes NO or unk.) (If Yes, give war or dates of service) NONE	MRS. JOSEPHINE NEWCOMER	MD.
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8- 6	ONSET AND DEA
IMMEDIATE CAUSE (A) OVORONY	Occusion	2 humit
ANTECEDENT CAUSE (S: DUE TO	The Heart Rosense	2
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUT TO STATE OF THE ABOVE CAUSE LAST.	The fort Molare	,
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, notify medical examiner)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby cortify that I attended the deceased from	to 1915, to the U, 1910, that I last	saw the deceas
alive on signature and that death occurred at	ADDRESS DATE	
The state of the s	ERY OR CREMATORY LOCATION (City, town, or	county) (Sta
DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND S	STATE DEPARTMEN	NT OF HEALTH-	BALTIMORE, 18	04093
4 183	CERTIFICAT	E OF DEAT	H Reg. D	ist. No. 302
1. PLACE OF DEATH: COUNTY Washington CITY (If outside corporate limits, write		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED:
COUNTY Washington CITY (If outside corporate limits, write	MARYLAND	STATE Mary	and COUNTY Was	hington
OR and give nearest town)	e RURAL LENGTH OF STAY	OR		
Town Hagerstown		TOWN Hager	stown, Maryla	ind 03
HOSPITAL OR		STREET	(If rural give location	on) /
STREET ADDRESS 340, N Jo	nathan Street	340	N Jonathan S	treet
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Martha		orris	DEATH: 4	29 19 55
5. SEX: 6. COLOR OR 7. SINGI RACE: WIDO (Speci	bwed, divorced, ify): Widowed Sept		AGE last birthday Months Yrs.	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE (St.	ate or foreign country): 1	2. CITIZEN OF WHAT COUNTRY?
even if retired;	Own home	Magerstown	Maryland	USA.
13. PATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:	
Edward E. Nelson		Elizabet	h Taylor	
(Yes, no, or unk.) (If Yes, give war or date of service)		Mrs Maretta	N. Jackson 3	400N Jonath
I DISEASES OR CONDITIONS DIRECTI			was toolik	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) arterio Sale	il Lailung	new work	7/11
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	(B)	May 1 control 1		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
II OTHER SIGNIFICANT CONDITIONS	(C) CONTRIBUTING			
TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	TO THE			
19A. DATE OF OPERATION: 19B. MAJO	OR FINDINGS OF OPERATION	DN .		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, fa OF INJURY street, office bldg	ctory, 21c. WHERE DIE	(Coty or town)	unty) (State)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I attended	the deceased from	. 1950, to 290	1950, that I la	ast saw the deceased
M 4 6			causes and on the dat	e stated above.
alive on 29 47 , 1957 , a	and that death occurred a	ADDRESS	I	ATE SIGNED -
alive on 4 9 47 193), a		ADDRESS	1	3 May 5
alive on 1 9 , 2 signature 1900 , 2 signature 23. Burial CREMATION DATE THEIR REMOVAL (SPECIFY) 5-4-19	REOF NAME OF CEME	ADDRESS M. D. 230 N V V MAN FERY OR CREMATORY Cemetery	LOCATION (City, town,	or county) (State)

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL.	EXAMINER'S	CERTIFICATE	OF	DEATH	305
MEDICALZ	IVA AUVIINIVIR S	CHIRTHIULCATIN	UK	DRATH	No. 004

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Washington MARYLAND	STATE Laryland County Washing	gton
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Nr. Hagerstown	CITY (If outside corporate limits write RURAL and OR Hagerstown	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Showalter Road	STREET (If rural, give location) 720 W. Franklin St	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) PRESTON BROWN NORR	(Last) 4. DATE (Month) (Day) OF DEATH April 22	(Year) 19 55
Male RACE: WIDOWED, DIVORCED, (Specify): Married Jan	OF BIRTH: 9. AGE last birthday: IF UNDER I YE Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, even if retired Service Station Operator	Hagerstown, Maryland US	CITIZEN OF WHAT COUNTRY? SA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Norris	Ida Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, or unk.) (If Yes, give war or dates of Service) WW 2 217-10-2731	Mrs. Mabel Norris	
I8. MEDICA	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	pertension	ONSET AND DEATH
Antecedent cause(s) acute cereb	oral hemorrhage	30 min
Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No X
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF street, office bldg., etc. INJURY none		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY NON	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [3], Accidentally and the control of the remains described from the control of the cont		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 4-25-55 Dunkard Ce		ADDRESS
May 10, 1955 Chast Bowers	Andrew K. Coffnan-Hagersto	110011100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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1 08 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	CERTIFICATE	OF	DEATH

D. m.	Dist	Ma	302
teg.	Dist.	No.	

	CERTIFICATE	E OF DEATH Reg. Dist.	No. 300
1. 1	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
03	COUNTY WASHINGTON MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HAGERSTOWN 3 DAYS HOSPITAL OR	STATE MARYLAND, COUNTY WAS CITY(If outside corporate limits, write RURAL a OR TOWN HACERSTOWN STREET (If rural give location)	HINGTON nd give nearest town
	STREET ADDRESS WASH . CO. HOSPITAL	NO. 14 DOWNSVILLE I) VE
	NAME OF (First) (Middle) (Midd	(Last) 4. DATE (Month) (I OF DEATH: APRIL OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	(Year) 5 - 1955 EAR If UNDER 24 HRS ays Hours Min.
1	MALE WHITE (Specify): ARRIED MAY- USUAL OCCUPATION (Give kind of or Business) or INDUSTRY: even if retired):	14 - 1877 77 - 11-1 yrs. 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
	FATHER'S NAME: DANIEL SOUDERS AND DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME:	N
(Yes	(If Yes, give war or dates NONE	HARVEY MINUNAMAKER - 14 DOWNS	
I	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 X IMMEDIATE CAUSE (A) Cerebrul Heading To Death		ONSET AND DEAT
GIV	ANTECEDENT CAUSE (S) SEASES OR CONDITIONS, IF ANY, VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO DUE TO	- Arteno Selentic C-V Desing	10 gr +
II (OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
]	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194.	. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSYT
21A. OR C	ACCIDENT WAS UND PLYING 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., either, notify medical examiner)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21D. OF	TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		Militar
10	I hereby certify that I attended the deceased from / 2 apr alive on / 5 apr , 19 , and that death occurred at SIGNATURE	6 30 PM, from the causes and on the date	
23.	BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	.D. 230 N Polomus 16 ERY OR CREMATORY LOCATION (City, town, or VEN CEMETER HAGERSTOW	
DA	ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PLANTS SIGNATURE PROPERTY OF THE PROP	24. FUNERAL DIRECTOR	ADDRESS

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MARGIN RESERVED FOR BINDING

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carefully. The		MARYLAND STATE DEPARTMEN 4 185 Item 2, FilmG180 4-15-55 CERTIFICATE	o e t	04(195 t. No. 302
	carefully.	I. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	STATE COUNTY	INGTON
	and	CITY (If outside corporate limits, write RURAL CONTROL AND	CITY(If outside corporate limits, write RURAL TOWN HAGERSTOWN	and give nearest town)
item of information	clearly	STREET ADDRESSWASHINGTON COUNTY HOME	ADDRESS AST NGTON COUNTY 65 West Side Ave., Hagerstown	A6ME /
of in	death c		INER 4. DATE (Month) (OF APRIL	(Day) (Year) 1 1955
	of	MALE 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WIDOWED DIVORCED. 10/2	21/18// / //yrs.	Days Hours Min.
NG every	0.1	work done during most of working life. RETTREE STONE MASON CHM. MONUMENTS	11. BIRTHPLACE (State or foreign country): 12. MARYLAND	CHIZEN OF WHAT
BINDING Supply e	e the	13. FATHER'S NAME: SAMUEL PENNER	MARY LOUISE MILLER	The set
FOR B	se write	(Yes, po, or unk.) If Yes, kive war or dates of service)	MRS. IRENE HIRSHBERGER	AGERSTOWN MD.
	plea	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
RESER	sicians:	IMMEDIATE CAUSE ANTECEDENT CAUSE (S) ANTECEDENT CAUSE (S)	lesotic heart disease	lenknam
MARGIN RESERVED Y, WITH UNFADING	Physic	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
MARG X, WI	ant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Renal	Calculus Right	ttetkmm
PLAINLY		19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	D D	20. AUTOPSY?
	- 44	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun	nty) (State)
WRITE	20	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
TYPE OR	age	22. I hereby certify that I attended the deceased from 2/15 alive on 3/3/555, and that death occurred at	645 M, from the causes and on the date	
			DA CLEAR OPRING- Md. ERY OR CREMATOR LOGATION (City, 1944), o	TE SIGNED 4/2/55 or county (State)
PLEASE		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 11	JADDRESS
		245 4 1955 Brast Bowers	W. Forment Hage	relowing

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

2. USUAL RESIDENCE (HOME) OF DECEASED. Washington 1. PLACE OF DEATH. COUNTY Washington STATEMaryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest tawa) iamsport Md. Williamsport TOWN TOWN HOSPITAL OR (If rural, give location) INSTITUTION OR 28 W. W. Salisbury St. Salisbury STREET ADDRESS 3. NAME OF (First) (Middie) 4. DATE (Last) (Month) (Day) (Year) DECEASED Poole Hazel Virginia April 1955 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 111216 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hr Female -Months Bays White Hours | Mln. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA done during most of working life, evon if retired) Factory Williamsport Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emmert Poole Hazel Mildred Flora AND ADDRESS 28 W. Salisbury St 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yem, no, or unknown) (If yes, give war or datem of service) 215-20-7994 Mr. Emmert Poole Williamsport Md 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 2040 Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Not While While at INJURY Work At work 22. I hereby certify that I attended the deceased from Co M. 19.55, that I last saw the deceased aliva on As DATE SIGNED SIGNATURI PURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BREMOVAL (Specify) Greenlawn Cemet REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Williamsport Md.

every item PT Suppl. MARGIN RESERVED INK. UNFADING t. Physicians: PLAINLY, WITHER is especially important. WRITE PLEASE

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of information carefully death clearly and legibly.

VS.

DECEIVED NAM 2 1955

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VS.	

PLEASE

MARYLAND STATE DEPARTMENT OF HE.	ALTH—BALTIMORE, 18 04097
: 4124 CERTIFICATE OF DE	EATH Reg. Dist. No. 30 /
1/1001	ESIDENCE (HOME) OF DECEASED:
COUNTY WAShington MARYLAND STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN (In this place) HOSPITAL OR INSTITUTION OR WILL AUGUS POYT Samutarusin STREET ADDRESS TOWN TOWN TOWN TOWN STATE CITY (If or	md. county Washington uside corporate limits, write RURAL and give nearest town) auguston Mr rural, give location) 143 S. Vilounac St.
5. SEX: 6. COLOR OR RACE:, WIDOWED, DIVORCED, Specify): Single MARRIED. WIDOWED, DIVORCED, (Specify): Single Married, 189	4. DATE (Month) (Day) (Year 05 %) OF DEATH: A r / / / 3, 19 5.5 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired anager Prof. Arts Bldg.	LACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: DOMINICO RAMACCIOTTI AUSILI	MAIDEN NAME:
16. Was Deceased Ever In U.S. Armed Forces 7 16. Social Security No.: 17. INFORMANT 8 (Yes, no, or unk.) (If Yes, give war or dates of None 214-09-3971 M.S. H. C.	u Kay: 1875 Fountain Hd. Rd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) 18. MEDICAL CERTIFICATION (a) DUE TO LEADING TO DEATH: (b) DUE TO DUE TO (c)	interval Between ONSET AND DEATH S Albuys.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	Eletus. 15yrs.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY (CFTY OF OFFICE CONTROL OF OFFI	R TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID II OF While at Not while at work O	NJURY OCCUR?
22. I hereby certify that I attended the deceased from 195., to alive on 195., and that death occurred at memory of the state of the st	Hagers town, Md.

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BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

especially important.

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Supply every item of information carefully. causes of death clearly and legibly.

please write the

Physicians:

BY LOCAL

VS.

4986 MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	I-04098
CERTIFICATE	E OF DEATH Reg. Dist.	No. 302
1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED Maryland state county Washi	
CITY (If outside corporate limits, write RURAL or and give nearest town) 3TOWN Hagers town 29 Years	CITY(If outside corporate limits, write RURAL and OR TOWN Hagerstown,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 South Cannon Ave	STREET (If rural give location) 306 South Cannon	Ave /
DECEASED: Victor Alfred	Reel OF DEATH: April	19, 1955
Male White (Specify): Married Feb. 2	5,1897 58 yrs.	Ays Hours Min.
work done during most of working life, every first each of the control of the con	d. Sharpsourg Md.	CUNTRY?
13. FATHER'S NAME: Frank Reel	14. MOTHER'S MAIDEN NAME: Annie Gray	
18. WAS DECEASED EVER IN U.S. ARMEO FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) W. # 1	Mrs Mary Powell Reel	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAROLA (A) COYOURN OCC	chising (1st altack)	INTERVAL BETWEEN ONSET AND DEATH 36 day my
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	2° allet	1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING DAYUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE A P	7 30 MM, from the causes and on the date s	

S LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Rose Cemetery SIGNATURE DATE REC'D

Hagerstown Md.

(State)

FUNERAL DIRECTOR ADDRESS Coffman Hagerstown Md. Andrew



WM . F. BAST AND SONS BOONSBORD IND.

CERTIFICAT	E OF DEAT	H. Reg. 1	Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME) OF DECE	ASED:
COUNTY Washington County MARYLAND		0001111	ish.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CiTY(If outside cor	porate limits, write RUR.	AL and give nearest town)
OBTOWN Hagerstown 14 YEARS	TOWN Hage	erstown	03
HOSPITAL OR INSTITUTION OR STREET ADDRESS 141 E. Baltimore St.	STREET ADDRESS 1	41 E. Baltimore	tion)
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
OECEASED: (Type or Print) Annie ELIZABETH.	Reid	OF DEATH: 4	21 1955
RACE: WIDOWED, DIVORCED,	19/1869	AGE last birthday Month	ER I YEAR IF UNDER 24 HRS.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OR INDUSTRY:		1	12. CITIZEN OF WHAT
HOUSE WIFE OWN HOME	14. MOTHER'S MAIL	CAID.	U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIL	DEN NAME:	
ABRAM D. GRIMNI	MARTH	A SHUMING	S
S. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT &	ADDRESS:	HACERSTOWN MO
No. of service) No. NIE.	MRS. PAULINE AR	NOLD 141 E-BAL	TIMORE ST.
18. MEDICAL CERTIFICA	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
15 5 IMMEDIATE CAUSE (A) Intestinal	. Obstruction		10 days
	Carcinoma of S	igmoid)	
DISEASES OR CONDITIONS, IF ANY. (B)		0 ,	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			1
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATIO)N		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contribution of the	etory. 21c. WHERE DID c., etc. INJURY OCCUR?	(City or town) (C	County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While While I work at work	21F. HOW DID INJ	URY OCCUR?	
22. I hereby certify that I attended the deceased from Apri	1 15 1955, to Apri	1 2L 1955, that I	last saw the deceased
Aliye on Apr. 10. 20 / 1955 , and that death occurred at			
M. D a & /1/1 (VI)	M.D. Hasson	. led	421/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY	LOCATION (City, town	
BURLAL ARRIL-23-1955 ST. LUKE	S FYISCOPAL CE	SMCTERY IS ROW	NISVILLE MD.

VS.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

4089 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1804101

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED:
COUNTY Washington	MARYLAND	STATE Mary	land county Was	shington
CITY (If outside corporate limits, write R		CITY(If outside co	orporate limits, write RURA	L and give nearest town)
O-TOWN Hagerstown	2 days	TOWN	gerstown	03
HOSPITAL OR		STREET	(If rural give locati	on)
%/ INSTITUTION OR STREET ADDRESS Wash. Co. Ho.	spital	ADDRESS 415	George Street	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Joseph	Francis	Rickrode	OF DEATH: Apr.	7 19 55
	MARRIED, 8. DATE		AGE last birthday IF UNDE	
Male White (Specify)	Midower Feb.	28, 1874	81 yrs. Months	9
10A. USUAL OCCUPATION (Give kind of 10)	OR INDUSTRY:	11. BIRTHPLACE (S	tate or foreign country): 1	2. CITIZEN OF WHAT
even if retigibcerman Own	ned own Business	Adams Co.	Pa	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MA		0,00,11,
		Monar	0-11	
Sylvester Rickrode	18. SOCIAL SECURITY NO.	17. INFORMANT &	Gallagher	
(Yes, no, or unk.) (If Yes, kive war or dates	ממספים מדור		Robinson, New Ox	ford Da
_ 110	18. MEDICAL CERTIFICAT		toomson, New Ox	INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF ANY,	(C)		is Generaliz	ed 3
DISEASE OR CONDITION CAUSING DE				
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	V		20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	etc. 21c. WHERE DI	D (City or town) (Co	
OF INJURY (Month) (Day) (Year) (Hour)	OLE INTURY OCCUPATE	1 04- House man 40		ounty) (State)
M.	While Not while at work at work	21F. HOW DID IN	JURY OCCURY	ounty) (State)
22. I hereby certify that I attended the alive on 7/7 , 1957, and SIGNATURE	while at work at work e deceased from that death occurred at ICTOR D. MILLER	7, 1954, to 4/ 2, M. from the ADDRESS ADDRESS ERY OR CREMATORY	7., 1955, that I le causes and on the da	ast saw the deceased te stated above. DATE SIGNED 4/9-/953 or county) (State)

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MARGIN RESERVED

Harry B. Rogers Jr INTERVAL BETWEEN ONSET AND DEATH 1 wk. anterioselesotic healt disease with 2 418anteriolar me phroscherocis 20. AUTOPSY? NO 21c. WHERE DID (City or town) (County) (State) 21E INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work 4-0, 19-13, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... 12-29, 1954, to 4-6. 19.55, and that death occurred at 2/5 P. M, from the causes and on the date stated above. alive on 154 W. washing ton of SIGNATURE John Statom Gase Hagestown LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) 4/9/55 Rest Haven Cemetery Hagerstown Md. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL Coffman Hagerstown Andrew K.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Hornbaker302

(Day)

Days

Months |

6 19559

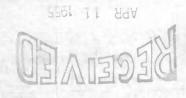
GOUNTRY?

USA

Hours

(Year)

Reg. Dist. No.



20

RESERVED FOR

INTERVAL BETWEEN ONSET AND DEATH teisoclanto Canda Varenda O. 20. AUTOPSYT (State) (County) 400M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) 23. BURIAL, CREMATION. DATE THEREOF CEMETERY OR (State) ADDRESS BY LOCAL REC'D SIGNATURE

(Year)

Min.

19

Hours |

(Day)

Days

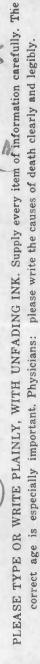
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4 92 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04104 CERTIFICATE OF DEATH Reg. Dist. No. 302						
CERTIFICATE	C OF DEATH Reg. Dist. No. 302					
1. PLACE OF DEATH: WASHINGTON COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON					
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and KINGTH OF STAY LINE (In this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN					
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 S. LOCUST ST.	STREET (If rural give location) ADDRESS 226 S. LOCUST ST.					
DECEASED: (Type or Print) LEILA	OHRER 4. DATE (Month) (Day) (Year) OF APRIL 17 19 55					
FEMALE 6. COLOR OR 7. SINGLE MARRIED, 8. DATE WINDOWED DIVORCED. 4/14	1877 78 yrs. Months Days Hours Min.					
Work done during most of working life. ever HOUSEWIFE WORK NO OF BUSINESS HOME HOME	MARYLAND 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT U.S. ATT.					
MARTIN UNGER	NANCY E. FOUKE					
(Yes, NOO or unk.) (If Yes, give war or dates of service) NONE	MR. ELLIS M. ROHRER MD.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HADOO IMMEDIATE CAUSE ANTECEDENT CAUSE (S) 18. MEDICAL CERTIFICATION LEADING TO DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH of the state of the s					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Tright / Cm					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?					
OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work						
22. I hereby certify that I attended the deceased from 4-/	, 18 , to // // , that I last saw the deceased					
alive on 4-/7-, 1954, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED 4-19-VG					
Durish 4/20/55 Rose Hole	Exitery Hagerslown, or county) (State)					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PERSTRARY, 1955 CLASH ROUSEN	W. J. Morment Hegesslown					





MARGIN RESERVED FOR BINDING

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Hashington MARYLAND	STATE Mrd. COUNTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF ST. OR and give nearest town)	OR O 2
TOWN Hagustown	STREET (If rural give location)
STREET ADDRESS Hash. Co. Hospital	ADDRESS 10-X-2
NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Laurence F.	Tudy DEATH: 4 3 1955
SEX: 6. COLOR OR 7. SINGLE; MARRIED, B. DA' RACE: WIDOWED, DIVORCED. (Specify); 7.	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Rudy	amanda Refaurer
WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY No. or unk.) (If Yes, give war or dates of service)	Mrs. Emma Rudy Middletown. M.
18. MEDICAL CERTIFIC	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
1 IMMEDIATE CAUSE (A) CLEARE	myelogenous Clukenia 5 yrs.?
ANTECEDENT CAUSE (S)	00
DISEASES OR CONDITIONS, IF ANY, SIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	20. AUTOPSYT
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, CONTRIBUTING CAUSE OF DEATH OF INJURY street, office big	
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURF While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?
2. I hereby certify that I attended the deceased from	1/2., 1925, to 2012319.3, that I last saw the decease
	at/205 AM, from the causes and on the date stated above.
SIGNATURE	ANDRESS DATE SIGNED
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEM	M. D. CIETATORY LOCATION (City, town or county) (State
REMODIAL (SPECIFY) 4-5-1955 Reform	ed Cemetery Middletown Md
DATE REC'D BY LOCAL REGLETRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



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APR 26 1955

VS. A15

	MARYI	AND S	TATE DEPA	RTMENT	OF HEAL	TH—BALTI	MORE, 18	04107
	4^94		CERTIFI	CATE	OF DE	EATH	Reg. 1	Dist. No. 302
1. PLACE (OF DEATH:			I	2. USUAL RES	IDENCE (HOME)	OF DECEASE	D:
COUNTY	Washir	mt on	MARYL	AND	STATE 1	Manual and Wa	a lod to ado a se	OUNTY
CITY (If	outside corporate lin	nits, write	RURAL LENGTH	OF STAY	CITY (If ou	tside corporate limi	ts, write RURA	OUNTY AL and give nearest to
TOWN	d give nearest town)	a	1 Day	s place)	OR TOWN	Rural Amar	enth Pen	ne. ×
HOSPITA	Hagerstown M		1 Day		STREET		rural give loca	
STREET	ADDDEGG	neton	County Hosp	ital	ADDRESS	Rural Amara	nth Penn	9.0
3. NAME OF DECEASE	D: (First)		(Middle)		Last)	4. DATE OF	(Month)	(Day) (Year)
(Type or I	Print) Donna	10-	Kaye E. MARRIED.	Schr:	ever	DEATH:		19 55 0 1 YEAR IF UNDER 24 1
_	RACE:	WIDOV	VED DIVORCED			The second		Days Hours Mi
F TISTIAL	OCCUPATIONGive	lain d of	y):Infant	4.17.		13Doyla	100	12. CITIZEN OF W
work don even if	e during most of work	ding life,	INDUSTRY:	SINESS UK	II. BIRIHPLA	CE (State or lore	gn country):	COUNTRY?
13. FATHER'	S NAME:				14. MOTHER'S M	AIDEN NAME:		
	Leveral A S	chriev	er		Belv	a E Plessin	ger	
IS WAS DECK	ASED EVER IN U.S. ARM nk.) (If Yes, give war	ED FORCES?		Y No.: 17. 1	NFORMANT &			
(1es, no, or u	service)	or dates of		Le	versl A S	chriever Am	arenth P	enna .
			18. MEDICAL CE					Interval Bet
771	s or conditions	DIRECTLY (a)	(Pagma	Tucity				Onset And I
		DUE		7				
Diseases	dent causes (s) or conditions, if any	y, (b)	•••					
-ivin- v	ise to the above caus the underlying cause I	(10)			***************************************			
		(c)						
Condition	SIGNIFICANT CONDI s contributing to the the disease or conditi	TIONS death but no	ot Lun	ne.				
	F OPERATION: 191			ERATION				20. AUTOPS
	nume.							Yes No
21. ACCIDEN SUICIDE HOMICIE	(25,0012))	PLAC OF INJUI	E (Home, farm, fac office bldg., etc.)	ctory, street,	(CITY OR TO	OWN)	(COUNTY)	(STATE)
TIME (Mo	onth) (Day) (Year)	(Hour)		While	HOW DID INJ	URY OCCUR?		
22. I hereb	y certify that I at				71955 to 6	mi 20 19.	55 that I I	last saw the decea
alive o	Wori 19 195	5, and t	that death occur		25 G.m. f			ate stated above.
1	welvi (b	lober	1	2.0.	Pleas Dr	min mid	· (co	ul 20155
23. BUR AL, REMOVA	CREMATION, DA	E THERE			OR CREMATO		City, tow,	
Bui	rial 4	.21.55			Cemetery		ley Penn	ADDRESS
PEGISTR	C'D BY LOCAL RE	Has	SIGNATURE	eral 2	FUNERAL DI	RECTOR	Non-	a bulkess

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. around discovered francis

Permanent and American America

R. I. Smalel

negational a state average A farevel

Largery L. Control of the Control of the Control

Item 9, FilmG181 5-18-55 et CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEMBED ington STATE Maryland COUNTY (If outside corporate limits, write RURAL and give nearest town) CITY Williamsport Maryland RFD TOWN (If rural give location) STREET ADDRESS Pinesburg (Last) 4. DATE (Month) (Day) (Year) 19 55 Apri Shank 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH: Months Hours 1900 112. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): COUNTRY? Hedgesville W. Va. USA 14. MOTHER'S MAIDEN NAME: Cora Gossard 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Pinesburg Md. Mrs. Helen D. Shank Williamsport RFD2 Interval Between Onset And Death 20. AUTOPSY ? Yes No (COUNTY) (STATE) (CITY OR TOWN) HOW DID INJURY OCCUR? that I last saw the deceased , from the causes and on the date stated above. (State) LOCAPION (City, town, or/county) NAME OF CEMETERY OR CREMATORY Williamsport Greenlawn Cemetery ADDRESS 24. FUNERAL DIRECTOR REGISTRAR. Edith V. Leaf Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18() 4 COUNTY Wash. CITY (If outside corporate limits, write RURAL and give nearest town) Big Spring (If rural, give location) (Month) (Day) (Year) Apr. 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? Mrs. Mazie M. Shupp- Big Spring, Md.RD INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

(STATE)

(COUNTY)

Spring,

Yes No P

DATE SIGNED

ADDRESS

VS. A15



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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nebnebhene	VS. A15 — 10 - 53	

	4128 MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18)4111)	
	CERTIFICATI	E OF DEATH Reg. Dist. No. 30	2
legibly.	Itom 2, FilmG181 5-6-55 et	2. USUAL RESIDENCE (HOME) OF DECEASED:	_
	COUNTYWashington, MARYLAND	STATE Maryland COUNTY Washington	
legal	CITY (If outside corporate limits write RIRAL) LENGTH OF STAY	CITY If outside corporate limits, write RURAL and give nearest	town
clearly and	X TOWSmithsburg, #1 (in this place)	TOWN Smithsbury	COWITY
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) Ro Fo Do # 1	1
		(Last) 4. DATE (Month) (Day) (Year))
death	(Type or Print) David, Charles	Smith OF April 29 195	5
of	Male White Specify Single Ser	of BIRTH: 9. AGE last birthday IF UNDER TEAR DE UNDER ZA HOURS VEAR HOURS	
causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Waynesboro, Pa.	VHAT
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-
e ct	Grover, C. Smith Jr.	Betty, J. Shaffer	
rrit	IN WAS DECEMBED SUCK IN H.S. ABMED SORCES AS SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
9	(Yes, no, or unk.) (If Yes, give war or dates of service)	Grover, C. Smith Jr	
Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	gooles luterely 3day	
i.	(C)		
ortan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
mp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOP	SY2
-11		YES NO	
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		e)
is es	OF INJURY OF INJURY		
96	22. I hereby certify that I attended the deceased from	o, 19), to 4 17 , 19, that I last saw the dece	eased
correct a	alive on SIGNATURE (1) and that death occurred at	D. Warrelsono Pa 4.29,1	^\
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESSING Scott. F. Minnich & Son Smithsbu	rg,

2391 S YAM

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MARGIN RESERVED FOR BINDING

A15-

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4111

4129

CERTIFICATE OF DEATH

Reg. Dist. No. 305

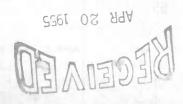
2100 CIMILITORII	of DEATH	Reg. Dist. No. 3 Da
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) O	OF DECEASED
COUNTY Washing MARYLAND	STATE // AU COUN	ITY Stild.
CITY (If outside corporate limits, write RURAL OR and tire nearest town) TOWN TOWN		rise RURAL and give nearest town
HOSPITAL OR INSTITUTION OR MUSING HOME	STREET (If rural ADDRESS)	give location)
DECEASED: (Type or Print) Talil Bell Si	ALBERT A. DATE (M. OF DEATH:	Month) (Day) (Year) 4 - 5 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVERCED, 7-27	2/867 9. AGE last birthda	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, ever it retired):	11. BIRTHPLACE (State or foreign co	ountry): 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME: Penkins	14. MONTER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN 0.5. ARMED FORCES! 15. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	Kungathe ma
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
450.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) (A) DUE TO	while therious	esoris 8 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	V	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 1955, and that death occurred at SIGNATURE	1	on the date stated above.
		City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	JA. FUNERAL DIRECTOR	ADDRESS



VS. A15

4 9 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4112 CERTIFICATE OF DEATH Reg. Dist. No. 362

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Washington	MARYLAND	STATE Md. county Washin	ngton
CITY (If outside corporate limits, write l		CITY (If outside corporate limits, write RURAL a	
OR and give nearest town) Hagerstown	(in this place)	TOWN Rural Clear Spring	
HOSPITAL OF	0 11 1 2	STREET (If rural, give location	
INSTITUTION OR Washington	n Co. Hospital	ADDRESS Route 40 W	
3. NAME OF (First) DECEASED:	(Middle)		Ry) (Year)
(Type or Print) Mary Mai	rgaret Snyder	OF DEATH: April 10	6, 1955.
RACE: WIDO	WED DIVODOED	OF BIRTH: 9. AGE last birthday: IF UNDER	1 YEAR IF UNDER 24 HIS Days Hours Min.
remale White (Specif	(r):Widow July	31, 1882 / 75 yrs. Months	Days Alouis Mill.
IOs. USUAL OCCUPATION (Give kind of work done during most of working life,	10b. KIND OF BUSINESS OF INDUSTRY:	R 11. BIRTHPLACE (State or foreign country):	I2. CITIZEN OF WIIA' COUNTRY?
even if retired):	Home Duties	Maryland	USA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
William Crilley Elizabeth Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES ?	I6. Social Security No.: 17.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	None Mr	s. Margaret Suffecool- Big	g Spring, M
		ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			ONSET AND DEATH
2040	LEUKEMIA, LYN	MPHATIC	9months
Immediate cause (a)		**************************************	
Antecedent cause(s)			
	***************************************	***************************************	••••
giving rise to the above cause DUE TO stating underlying cause last			
(e)			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but no			
related to the disease or condition causing		HEART DISEASE	1 20. AUTOPSY?
195. DATE OF OPERATION: 196. MAJOR	FINDINGS OF OPERATION:		
21. ACCIDENT (Specify) PLA	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No X
SUICIDE OF INJU	office bldg., etc.) JRY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY M.	work at work		
22. I hereby certify that I attended to	he deceased from JULY	21, 1954., to APRIL 1619.55., that I last	saw the deceased
alive on APRIL 16 19 55 and	that death occurred at	.7-40 P.m., from the causes and on the da	te stated shove
SIGNATURE	(DEGREE OR TITLE		DATE SIGNED
Linkin Porperst	when MB		APRIL 18, 1955
23. BURIAL, CREMATION COATE THERE	OF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	
	0-55 Blair's V	Valley Cem. Blair's Valle	ey Md.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1900/8,1955 Collass	Thoward	Manau VII au	rand,
		Clear Spring, Md.	



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item of information carefully.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 302

X 00		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washin	neton
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) A TOWN Hagerstown	CITY(If outside corporate limits, write RURAL a OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1091 Virginia Ave.	STREET (If rural give location) ADDRESS 1091 Virginia Ave.	1
DECEASED:	05	Day) (Year)
(Type or Print) CARRIE MAY SO(CKS DEATH: April (6 1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday Function 22, 1883 9. AGE last birthday Function 22, 1883	ays Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Kennedy	Etta V. ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Ralph May Hagerstown, Man	ryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAS X MMEDIATE CAUSE (A) Cerebrul X		INTERVAL BETWEE ONSET AND DEATH
DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO DUE TO	Cemonkage lenlie-Hypertonum C-V-D	10 yrz
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF GERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY1
21A ACCIDENT WAS PROFERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CRUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY NEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 1F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from # apr	, 195), to 6 apr , 195), that I last	saw the decease
alive on 5 4, 1957, and that death occurred at	/2:50 AM, from the causes and on the date s	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City) town, or	county) (State
Burial (SPECIFY) 4/8/55 Rose Hill Co	emetery Hagerstown, Wash,	Maryland

24. FUNERAL DIRECTOR

C. M. Suter & Sons Hagerstown, Maryland

SE ANTERIO DE LA PROPERTICIONE DE LA DESCRIPCIONE DE LA CONTRACTION DELLA CONTRACTION DELLA CONTRACTION DE LA CONTRACTIO

BUREAU V. S.

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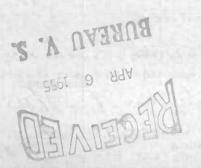
409 MARYLAND	STATE DEPARTMENT CERTIFICATE	r of health—; C OF DEATH	BALTIMORE, 18 () 4115 Dr E. W. Ditto
OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASED:
washington		STATE	COUNTY
the second second second second second	IL DITTOAT I A DATE OF A DESCRIPTION OF	Charles at T.C. and at the same	4 11 14 14 14 14 14 14 14 14 14 14 14 14



The

legibly. 1. PLACE COUN CITY (if outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN Hagerstown STOWN Hagerstown Yrs (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS 767 STREET ADDRESS 767 Spruce Spruce St. (First) (Middle) (Last) 3. NAME OF DATE (Month) (Day) (Year) DECEASED OF STOUFFER 1955(Type or Print) DEATH: COLOR OR SINGLE, MARRIED DATE OF 9. AGE last birthday! IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED Months Days (Specify White Female dow 1883 Oct causes 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? USA Clearsprings Own Home 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME the Charles Shupp Louise Angle write 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (if Yes, give war or dates No of service-Evelyn se ea MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH d Physicians IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: MAJOR FINDINGS OF OPERATION 19B. AUTOPSY: especially 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work 23 22. I hereby certify that I attended the deceased from Jan , 1955, to Goal 1. 1953, that I last saw the deceased age M, from the causes and on the date stated above. , and that death occurred at alive on correct SIGNATURE ADDRESS DATE SIGNED 23. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF REMOVAL (SPECIFY) 55 near Clearspring Buria Cemetery 21118 ADDRESS





RESER	
MARGIN	

		2. USUAL RESIDE	NCE (HOME) OF DECEASED	:
COUNTY Washington CITY (If outside corporate limits, wr	MARYLAN	STAY CITY (If outside	yland Co	DUNTY Wash. L and give nearest town)
OR and give nearest town) Hagerstown	(in this play		gerstown, Maryland	03
IIOSPITAL OR INSTITUTION OR STREET ADDRESS Washingt	on County Hospi	STREET	(If rural give located and Georgia Ave)	/
3. NAME OF (First) DECEASED: (Type or Print) MARTHA	(Middle) HANNAH	(Last) TALL	OF DEATH: Apr.	Day) (Year) 7 19 55
5. SEX: S. COLOR OR RACE: WI WI (Sp.	DOWED, DIVORCED, pecify): Married	Nov, 1,1896	9. AGE last birthday: If UNDER Months	Days Hours Min.
10a. USUAL OCCUPATION Give kind or work done during most of working life even if retired): Housewife	f 10b. KIND OF BUSIN	Smiths	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:				
Samuel Cline 15 Was Decrased Ever In U.S. Armed Forci (Yes, po, or unk.) (If Yes, give war or dates	es? 16. Social Security N	Hester S.	DRESS:	
NU service)		Mr. Douse	M. Tall	
1. DISEASES OR CONDITIONS DIRECT	arterio-		isease	Interval Between Onset And Desth 2788
Antecedent causes (s)			al heart disease	11
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	UT TO	elerotic myocardi hypertension	al hear o dibease	4 yrs 5yrs
Diseases or conditions, if any,	(c) Vascular		ar near o ursease	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death by related to the disease or condition cause. 19a. DATE OF OPERATION: 19b. MAJ	UE TO Vascular (c) ut not bing death.	hypertension	ar near t ursease	5yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death by related to the disease or condition cause 19a. DATE OF OPERATION: 19b. MAJ NONE	UE TO Vascular (c) ut not ing death. FINDINGS OF OPERA -	hypertension		5yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death be related to the disease or condition cause 19a. DATE OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJ 10c	(c) ut not the property of th	TION Street, (CITY OR TOW -	N) (COUNTY)	5yrs 20. AUTOPSY? Yes □ No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death be related to the disease or condition cause 19a. DATE OF OPERATION: 19b. MAJ NONE 21. ACCIDENT (Specify) PI SUICIDE HOMICIDE NONE IN TIME (Month) (Day) (Year) (Hour OF INJURY NONE — m 22. I hereby certify that I attended	UE TO Vascular (c) ut not bing death. IOR FINDINGS OF OPERA LACE (Home, farm, factory office bldg., etc.) JURY INJURY OCCURED While at Not White Not Work At Work I the deceased from Office decays I the decays are the decay are the decays	tion City or tow How did injurity to 19 48 to A	N) (COUNTY) Y OCCUR?	20. AUTOPSY? Yes No. No. (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death be related to the disease or condition cause 19a. DATE OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJ 100 21. ACCIDENT (Specify) PI SUICIDE HOMICIDE NONE IN TIME (Month) (Day) (Year) (Hour OF INJURY NONE male Market Pinches PI 22. I hereby certify that I attended alive on Apr. 7, 1955, and SIGNATURE	(c) (d) (e) (d) (e) (e) (in)	tion ct	N) (COUNTY) Y OCCUR? Oril7, 1955 that I land the causes and on the data	20. AUTOPSY? Yes No (STATE) ast saw the deceased te stated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death be related to the disease or condition cause 19a. DATE OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJ 10c. 11b. MAJ 12l. ACCIDENT (Specify) PI SUICIDE HOMICIDE NONE IN 11mE (Month) (Day) (Year) (Hour OF INJURY MONE — m 22. I hereby certify that I attended alive on Apr 7, 19 55, and alive on Apr	UE TO Vascular (c) ut not to be described as a constant of the constant of	tion tion ct	N) (COUNTY) Y OCCUR? Oril7, 1955 that I land the causes and on the data	20. AUTOPSY ? Yes No S (STATE) ast saw the deceased te stated above. DATE SIGNED Md. 4-8-55 r county) (State)

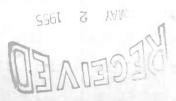
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	04	1	1	ry
						11-7	- 1	J.	1

		man man	- 1	41
Reg.	Dist.	No.	3	0

4131	CERTIFICAT	E OF DEATH Reg.	Dist. No. 301
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	FD.
COUNTY Washington	MARYLAND	STATE Maryland	Washington
CITY (If outside corporate limits writ	RIRALILENGTH OF STAY	CITY (If outside corporate limits, write RU	
X TOWN DOWNSVIILE Md.	#1 80 yrs.	TOWN Downsville Md.	RFJ #1 X
IIOSPITAL OR INSTITUTION OR STREET ADDRESS DOWNSVILL	e Md RFD #1	STREET (If rural give le Downsville Md.	
3. NAME OF (First) DECEASED: (Type or Print) Charles	(Middle) Wadsworth	(Last) aylor 4. DATE (Month) OF DEATH: April	(Day) (Year) 28 19 55
5. SEX: 6. COLOR OR 7. SING	LE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UN Mont	ths Days Hours Min.
10s. USUAL OCCUPATION Give kind of work done during most of working life, Penavptif retired): Farmer	10b. KIND OF BUSINESS OF INDUSTRY:	R II. BIRTHPLACE (State or foreign country) Downsville Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	0.011
William Tay	lor	Christie Ann Hoffman	
15 WAS DECEASED EVER IN U.S.ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of the service) NO	of I	rs. Mary Ethel Taylor	Md.
Antecedent causes (s)	(a) Odoue (b)	ry Farombosis	Onfet And Deat
11. OTHER SIGNIFICANT CONDITIONS	(c)		
Conditions contributing to the death but related to the disease or condition causi			
19a. DATE OF OPERATION: 19b. MAJO			20. AUTOPSY ?
			Yes No
SUICIDE	ACE (Home, farm, factory, stree office bldg., etc.) URY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	NOW DID INJURY OCCUR?	
22. I hereby cerufy that I attended alive on 55, 19, and signature	that death occurred at l.	SHY, from the causes and on the	4/29/35
Burial (Specify) May 1 2	955 Bakersvill		Address
TATE RIC'D BY LOCAL REGISTRA	e's signature	24. FUNERAL DIRECTOR	menont Md



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MARYLAND STATE DEPAR	MENT OF HEALTH—BALTIMORE, 18 04118
; 4°99 CERTIFI	ATE OF DEATH Reg. Dist. No. 302
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Washington MARYLAN CITY (If outside corporate limits, write RURAL of the corporate town) And give nearest town Hagerstown 4 day:	STATE Maryland COUNTY Washington CITYIIf outside corporate llmits, write RURAL and give nearest town OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.	STREET (If rural give location)
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) Day) (Year)
(Type or Print) CHARLES ELMER	UNSELD DEATH: April 25 1955 DATE OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR OF UNDER 24 Mas. Months Days Hours Min.
work done during most of working life. even if retired): Cook Red Koogle Red Red Koogle Red Koogle Red Red Koogle Red Koogle Red Red Koog	ESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
James C. Unseld	Nettie Croft
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECUR (Yes, no, or unk.) (If Yes, give war or dates	No. 17. INFORMANT & ADDRESS:
no of service) 214-09-1	Bedgar M. Unseld Hagerstown, Maryland
DISEASES OR CONDITIONS DIRECTLY LEADING TO DE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	schrotic Heart disease with 5 yrs
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF O	RATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of CIP (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OWNIGE Not at work at work at work at work with the control of the cont	URRED 21F. HOW DID INJURY OCCUR?
alive on 24 are , 1927, and that death occ signature dusky 23. BURIAL, CREMATION, PATE THEREOF NAME OR REMOVAL (SPECIFY)	red at 3:/6 Am, from the causes and on the date stated above. ADDRESS M. D. 230 N LOCATION (City, town, or county) CEMETERY OR CREMATORY LOCATION (City, town, or county) LOCATION (City, town, or county) LOCATION (Appress) Compared Hagerstown, Maryland 24. FUNERAL DIRECTOR C. M. Suter & Sons Hagerstown, Maryland

DECENED

BUREAU V. S.

APR 27 1955

THE ST SUBMITTEE THE PROPERTY OF STREET STATES OF STREET

Andrew K. Coffman-Hagerstown

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BECEINED

2591 62 AAA

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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VS. A15-

1.12	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18	041	[2]
IL VILL		CEL	SALEIC VALE	OI	DEATH	D	D: 4	3.7	30

1 4101	CERTIFICATI	E OF DEA	TH Reg	. Dist. No. 302
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DE	CEASED:
COUNTY WASHING TON CITY (If outside corporate limits, write R OR and give nearest town)	URAL LENGTH OF STAY (in this place)	CITY(If outside	COUNTY COUNTY Corporate limits, write Ri	VASHINGTON URAL and give nearest town)
DOTOWN HAGERSTOWN	1 6 DAYS	TOWN STREET	OONSBORO	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co.	HOSPITAL	ADDRESS	OTOMAC S	ST.
3. NAME OF (First) DECEASED:		(Last)	4. DATE (Month) OF DEATH: APR	, , , , , , , , , , , , , , , , , , , ,
5. SEX: 6. COLOR OR 7. SINGLE.	MARRIED, 8 DATE		9. AGE last birthday Mor	
work done during most of working life,	NIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE	(State or foreign country)	: 12. CITIZEN OF WHAT
13. FATHER'S NAME:	O YVN HOWE	14. MOTHER'S M	AIDEN NAME:	D. 1 4. S.A
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT	A ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	NONE	MRS. PAT K	ELLEY BO	INSBORO IND.
I DISEASES OR CONDITIONS DIRECTLY	8. MEDICAL CERTIFICAT LEADING TO DEATH (A) Milsonte	ic Thre	omfosio	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,	(B) arcin	roma of I	the Celum	J. 19v. (?
STATING UNDERLYING CAUSE LAST.	(C)	1		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	NTRIBUTING THE			
	FINDINGS OF OPERATION	N		20. AUTOPSY7
21a. ACCIDENT WAS UNDERLYING 21I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory. 21c. WHERE tetc. INJURY OCCU	DID (City or town)	(County) (State)
OF INJURY M.	While Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the alive on	that death occurred at	-0	he causes and on the	DATE SIGNED 4 / /3 /5-3
	1955 BOONSBOI	RD CEMETER	BdonsBOR.	WASH. Co. IND.

Mn.



2361 81 APA

(Day)

(Year)

nours

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

Yrs. (

20. AUTOPSY? Yes Now

ADDRESS

(STATE)

days

COUNTRY?

S. A15

DECEIVED 1955